
KINGSBRIDGE UK WATER INDUSTRY SCHEME

PUBLIC & PRODUCTS LIABILITY

PROPOSAL FORM

IMPORTANT NOTICE TO THE PROPOSER TO COMPLETION OF THIS PROPOSAL FORM

1) Disclosure

- Any “material fact” must be disclosed to Insurers.
- A “material fact” is any information which may alter the judgement of an Insurer in assessing the risk.
- Any “material change” must be disclosed to Insurers.
- A “material change” is any information which may alter the judgement of an Insurer that has not previously been disclosed as a material fact.

Failure to provide all “material facts” and/or notify all “material changes” may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

2) Presentation

- This Proposal Form must be completed in ink by an authorised individual, a partner, principal or director of the proposer.
- All questions must be answered.
- If there is insufficient space to provide answers additional information should be provided on the proposers letter headed paper.
- Where available brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

3) Guidance

- If in doubt as to the meaning of any question contained within this proposal form or the issues raised in 1) Disclosure and/or 2) Presentation advice should be sought from an insurance advisor in the first instance.



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PROPOSER – Full name (including trading name)

Business Address

Business Telephone Number

Details of Activities & Premises

1. Business description or trade (please describe all your activities to be Insured)

2. Date your business was established

3. Please provide details of all premises used in connection with your business specifying whether each is Owned, Leased Or rented by you and the purpose for which each is used

Address

Purpose

Owned/Leased/Rented

a) Are any of these premises situated within multi-tenure buildings?

Yes

No

If “Yes, please provide details



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b) Are your premises in a good state of repair?

Yes

No

If "No" please provide full details:

4. Will you handle, use, store or transport any of the following in connection with your business?

a) Industrial dusts of a known harmful nature (eg silica, asbestos or substances containing asbestos?)

Yes

No

b) Acids, gases, explosives, radioactive or other substances which may be dangerous or harmful to health?

Yes

No

If "Yes", please provide details

5. Do or could your activities result in the escape or discharge of any toxic or pollutant substances?

Yes

No

If "Yes", please provide details

6. Have you entered into any contract which imposes upon you liability for which you would not otherwise have been responsible under statute or common law?

Yes

No

If "Yes", please provide details



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7. Have you been convicted, during the past 5 years, of an offence relating to the health or safety of your employees or members of the public in connection with your business?

Yes No

If "Yes", please provide details

8. Work Away from Premises

a) What is the Nature of work away? (please describe in full including premises visited)

b) Do you engage sub-contractors who you consider to be companies or business organisations in their own right (i.e. bona fide sub-contractors)?

Yes No

c) Do you obtain an indemnity from such sub-contractors and check that this is supported by adequate insurance?

Yes No

d) Do you engage sub-contractors who provide labour only services and who do not maintain their own insurance (i.e. labour only sub-contractors)?

Yes No

e) The estimated payments to such sub-contractors for the next 12 months:

Bona Fide sub-contractors

£

Labour Only sub-contractors

£

f) Is any work undertaken on or within aircraft, airports, ships, docks, mines, chemical works, gas works, Oil refineries, nuclear installations, offshore installations or bulk oil, petrol, gas or chemical storage tanks or chambers

Yes No

If "Yes" please give full details of work involved:

9. Wages and Turnover

Please give estimates of wages, salaries and turnover for the next 12 months

| Wages Details : | Estimated Number of People | Working Principals | All Others |
|----------------------------------------------------------------------------------------|-----------------------------------|---------------------------|-------------------|
| Clerical staff, commercial travellers and managerial staff not involved in manual work | | £ | £ |
| Manual Work away from your own premises | | £ | £ |
| Non-Manual Work away from your own premises | | £ | £ |
| Offshore (i.e. offshore rigs and platforms) | | £ | £ |
| Outside UK | | £ | £ |
| All other work | | £ | £ |
| | | | |
| Turnover details: | | | |
| UK | £ | | |
| USA | £ | | |
| Europe | £ | | |
| Rest of the World | £ | | |

10. Details of your products (The following questions are only to be completed if Products Liability is required.)

Please give details of the products for which cover is required and supply copies of your brochures, catalogues and sales material

11. Have you exported goods to the USA or Canada in the past 5 years?

Yes No

If yes, please provide

a) details of such goods

b) total turnover for these goods over the past 5 years

£

c) Do you retain rights of recovery against manufacturers and suppliers of goods, materials and services

Yes No

12. With regard to goods supplied, are records kept, for a minimum period of 10 years from the date of supply, which identifies the customer to whom individual products or batches of products have been sent and also the source of components or raw materials used ?

Yes No

If "No", please advise to what extent records are kept

13. Previous History & Claims

a) Have you previously held insurance for any of the covers proposed for this insurance?

If "Yes", please provide the following details

| Name of Insurer | Policy Number | Expiry Date |
|-----------------|---------------|-------------|
| | | |
| | | |
| | | |

b) For any of the covers proposed for this insurance has any insurer declined, cancelled or refused any proposal or insurance Refused renewal or imposed special terms or conditions.

If "Yes", please provide details.



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c) Within the last five years have you had any claims made against you or have you any knowledge of any incidents which May lead to a claim for any of the covers proposed for this insurance?

If "Yes", please provide details

| Date | Details | Paid | Outstanding |
|------|---------|------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

Material Facts

Failure to disclose a material fact (any fact likely to influence the Company's acceptance or assessment of this proposal) will render this insurance voidable. If you are in any doubt about facts which might be considered material you should disclose them.

Details of any other material facts that should be disclosed should be provided on a separate piece of paper.

Declaration

I/We declare that to the best of my/our knowledge or belief the particulars and statements given in this proposal and any other provided in connection with this proposal are true and complete and this proposal, declaration and information shall be the basis of the contract between myself/ourselves and Insurers.

**Signature
Name(s)**

**Date :
Position :**