



HAULAGE LIABILITY

RISK CAPTURE FORM

geo

Broker:

1. Insured

Full Name(s) of the Proposer / Partners / Limited Company:

Address of the Business:

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Website Address:

2. Business

Date of Business Established: ___ / ___ / _____

Date of Previous Experience: ___ / ___ / _____

Name of Existing Insurer:

Renewal Date: ___ / ___ / _____

3. General Disclosure

Have the Proposer(s), Partner(s) or Director(s) involved in the business or any other business ever:

- a) Had any proposal or insurance declined, cancelled, refused, had any renewal refused, had any special terms or conditions imposed YES NO
- b) Been convicted or charged (but not yet tried) for any criminal offence or police caution (other than a motoring offence) YES NO
- c) Been subject of any County Court Judgement or the Scottish equivalent, declared bankrupt or insolvent or been disqualified from being a company director or been involved as Owner(s), Directors or Partner with any company which went into receivership, administration or liquidation YES NO
- d) Been prosecuted or received notice of intended prosecution under the Health and Safety at Work Act 1974, Consumer Protections Act or any other legislation or regulation? YES NO

If Yes, please provide full details:

4. Employers Reference Number

ERN for each policyholder/joint insured or confirmation if exempt:

5. Claim History

Have you suffered a claim or loss or incident which would have given rise to a claim whether insured or not during the last 5 years relating to any employers, Public/Products or vehicle servicing?

YES NO

If Yes, provide details below:

Date	Type	Description of the Claim	Paid/Outstanding (£)

Describe what actions have been taken to prevent reoccurrence for each incident:

6. Trade Registrations/Memberships

Is the company accredited by or a full member of any trade association, federation or other body?

YES NO

If Yes, state name(s) of organisation(s)

7. Cover and Limits

Select cover required

Employers Liability (Limit £10,000,000)

YES NO

Public Liability / Products Liability:

£1m £2m £5m Other (Please state) _____

Own Vehicle Servicing extension (subject to additional premium)

YES NO

If Yes, please state the:

Number of mechanics employed	
Number of years experience for each person	_____ years
Amount of turnover relating to servicing of own vehicles	£ _____

Excess Option

Discounts are available for choosing an increased third party property damage excesses.

Select the level of Excess required:

£500 £1,000 £2,500 £5,000

8. Use of Heat

Do you or your employees use any blow lamps, flame cutting or welding plant or other heat producing plant or processes away from your premises?

YES NO

If Yes, please state the:

Type of equipment used	
Percentage of work involving use of heat	%

9. Health and Safety

Licences

Do you check to ensure that all operators' licences are valid at least annually?

YES NO

Training

Do you check and ensure all personnel operating the machinery & equipment have been trained in their safe and proper use?

YES NO

Do you maintain and retain training and competency records for all employees in the use of such equipment?

YES NO

Plant, Equipment & Vehicles

Is there a system for the inspection of all work equipment and vehicles in order to identify defects and hazards and to ensure any corrective action is taken?

YES NO

Is all equipment requiring statutory inspection identified and routinely inspected?

YES NO

Lifting

Have all Manual Handling operations been properly assessed?

YES NO

Have all relevant employees been provided with instruction and training on safe lifting techniques?

YES NO

Is appropriate mechanical and/or personnel assistance available?

YES NO

Personal Protective Equipment (PPE)

Is PPE provided to all employees, in an efficient working order and maintained in accordance with the Personal Protective Equipment at Work Regulations 1992?

YES NO

Is someone named as responsible for identifying and issuing PPE?

YES NO

Risk Assessment and Method Statements

Have you completed a general Risk Assessment?

YES NO

If you have answered No to any of the above questions, please provide full details below:

10. Activity Information

Do you undertake work;

- a) Do you undertake work away from your premises other than collection and delivery? YES NO
- b) Do you transport any toxic, notifiable waste, explosives, hazardous goods, livestock or watercraft? YES NO
- c) Do you operate any road tankers? YES NO
- d) Do you own or operate a quarry, landfill site or waste tip site? YES NO
- e) Do you undertake work involving the handling, use, storage or transport of toxic, radioactive, hazardous chemicals or materials including asbestos or silica or materials containing these substances? YES NO
- f) Do you undertake work on or at aircrafts or airports, on or at docks, piers, wharfs or jetties, ships, vessels, railways, offshore gas or oil installations, chemical or petrochemical oil or gas or storage facilities, power stations or any installations where nuclear processing is undertaken? YES NO
- g) Is any work undertaken outside the Great Britain, Northern Ireland, The Isle of Man and The Channel Islands? YES NO

If Yes to any of the above, please provide full details:

11. Wages and Turnover

Please state your estimated wages, payments and turnover for the next 12 months for the following categories:

Clerical / Administrative work	£
Servicing and repair of own vehicles	£
Servicing and repair of third party vehicles	£
Warehousing/manual work at own premises	£
Driving	£
Use of fixed woodworking machinery +/- or other power driven machinery(own premises)	£
All other work away (describe activities below)	£
Payments to Bona Fide sub-contractors	£

Please provide details of all other work away:

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Estimated Turnover for next 12 months

Total Turnover for all activities	£
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12. Types of Vehicles Operated

Please describe the type, size and the number of vehicles operated:

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13. Material Facts

Are there any material facts or any other information which needs to be disclosed to the Insurers which has not already been answered in the previous questions and statements?

YES NO

If Yes, please provide full details:

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