



COMBINED 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

Business Description:

Date of Business Established: ___ / ___ / _____

Date of Previous Experience: ___ / ___ / _____

Name of Existing Insurer:

Renewal Date: ___ / ___ / _____

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

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. 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 Liability insurance.

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:

5. Trade Registrations/Memberships

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

YES NO

If Yes, state details:

6. Cover and Limits

Select cover required

Public Liability / Products Liability: £1m £2m £5m Other (Please state) _____

Employers Liability (Limit £10,000,000) YES NO

7. Excesses

Select the level of Excess required:

(standard excesses may vary depending on trade:

£500 £1,000 £2,500 £5,000

8. Areas of Work

Percentage of work carried out at the following premises:

| | |
|-----------------------------------|---|
| Private dwelling houses and flats | % |
| Commercial buildings | % |
| Industrial buildings | % |

Percentage of work carried out as 'New Build' work:

 %

9. Use of Heat

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

YES NO

If Yes, please state the percentage of work involving use of heat:

 %

What type of heat equipment is used:

10. Work at Height

What proportion of your work is carried out at:

| | |
|----------------------------------|---|
| Ground level only | % |
| Above ground level but below 10m | % |
| Above 10 metres | % |

Maximum height at which work is carried out:

 metres

11. Work at Depth

What proportion of your work is carried out at:

| | |
|------------------|---|
| No Depth work | % |
| 0-1 metre | % |
| 1-3 metres | % |
| 3-5 metres | % |
| 5-8 metres | % |
| 8 metres & below | % |

Maximum depth at which work is carried out:

 metres

12. Health and Safety

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

Safety Policy

Do you have a general policy statement with a clear declaration to ensure the health, safety and welfare of employees and others YES NO

Are arrangements provided for health and safety induction training and maintaining H&S training records, as required by The Management Regulations 1999 YES NO

Is there a named Principal/Partner/Director or other person responsible for carrying out the Company's Health and Safety policy YES NO

Personal Protective Equipment (PPE)

Is someone named as responsible for identifying and issuing PPE YES NO

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 it explained how misuse of PPE could lead to disciplinary action YES NO

Risk Assessment and Method Statements

Have you completed a general Risk Assessment YES NO

In addition, do you carry out individual assessments for each site/workplace YES NO

Have competent person(s) been identified to carry out risk assessments YES NO

Have you completed a general Method Statement YES NO

Do you do issue individual method statements for each site/workplace YES NO

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

13. Activity Information

Do you undertake work:

- a) As a 'Labour Supply' company or provide 'Labour Supply' to other companies YES NO
- b) On or at aircraft, airports, airfields, docks, ships, boats, harbours, wharves, piers, railways, watercraft or offshore gas or oil installations, chemical or petrochemical oil or gas refineries or storage facilities, power stations or any installations where nuclear processing is undertaken, towers, steeples, chimney shafts, blast furnaces, viaducts, bridges, tunnels, flyovers, dams, motorways, quarries, mines, collieries or spectator stands YES NO
- c) Involving the use of cranes, cradles, slings, bosun chairs, abseiling equipment or the like YES NO
- d) Involving the use or handling of asbestos or silica or materials containing these substances YES NO
- e) Involving underpinning, pile driving, demolition or use of explosive substances YES NO
- f) Involving the use of handling of toxic, radioactive, hazardous chemicals or materials YES NO
- g) Where the noise level at any place of work exceeds the first action level (85dB(A)) under the Noise at Work Regulations 1989 YES NO
- h) Within confined spaces as defined by the Confined Spaces Regulations 1997 YES NO
- i) Is any work undertaken outside Great Britain, Northern Ireland, The Channel Islands and The Isle of Man YES NO
- j) Have you entered into any agreements assuming liability for injury, illness, loss or damage for which you would not have been liable in the absence of such agreement YES NO
- k) Do you undertake any design work on a fee only basis YES NO

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

14. Wages and Turnover

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

Work at Own Premises

Directors / Principals:

Wages

| | |
|--------------------------------|---|
| Clerical / Administrative work | £ |
|--------------------------------|---|

Employees / LOSC:

| | |
|--|---|
| Clerical / Administrative work | £ |
| General yardwork | £ |
| Manual work | £ |
| Use of fixed woodworking machinery and / or other power driven machinery | £ |

Work at Own Premises

Directors / Principals:

Wages

| | |
|------------------|---|
| Manual work | £ |
| Supervisory work | £ |

Employees / LOSC:

| | |
|--|---|
| Supervisory work / foreman | £ |
| Drivers | £ |
| Ground level manual work | £ |
| All other manual work | £ |
| Payments to bona-fide sub-contractors (BFSC), including supply and fix | £ |

Turnover

| | |
|---|---|
| Estimated gross Annual Turnover for the next 12 months: | £ |
| Within the above turnover figure, please state the Cost of the Materials element if applicable: | £ |

15. 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:



01702 713636 • info@geounderwriting.com

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