

LIABILITY PROPOSAL FORM PROPOSAL FORM



A full policy wording is available on request.
For risks written outside the Bailiwick of Guernsey the Insurer is Royal & SunAlliance Insurance Group plc.
PLEASE COMPLETE IN BLOCK CAPITALS

Premium	<input type="text"/>	Broker/Agency
Broker/Agent	<input type="text"/>	
Quote Ref	<input type="text"/>	
OFFICE USE ONLY		
Policy No	<input type="text"/>	
Authorised	<input type="text"/>	

Full Name of Proposer	<input style="width: 100%;" type="text"/>		
Address	<input style="width: 90%;" type="text"/>		Postcode: <input style="width: 10%;" type="text"/>
	<input style="width: 100%;" type="text"/>		
Telephone No.	<input style="width: 20%;" type="text"/>	Website address	<input style="width: 60%;" type="text"/>
Situation of Premises	<input style="width: 100%;" type="text"/>		
Trade or Business	<input style="width: 100%;" type="text"/>		
Full Description of Work	<input style="width: 100%;" type="text"/>		
Period of Insurance:	From: <input style="width: 20%;" type="text"/>	To: <input style="width: 20%;" type="text"/>	<input style="width: 40%;" type="text"/>

Do you wish to insure for:

Employers' Liability Yes No
 A £10,000,000 limit applies per incident (£5,000,000 in respect of an act of Terrorism).

Public Liability Yes No
 If 'YES' please state Indemnity Limit required e.g. £2,000,000, £5,000,000 etc. £

Estimated Annual turnover £

Products Liability Yes No
 If 'YES' please state

a) Indemnity Limit required e.g. £2,000,000, £5,000,000 etc. £

b) Type of goods for which cover is required

c) Estimated annual amount of turnover of

	£	% of raw materials, components or goods imported from non E.C. countries	% exported to U.S.A./Canada
i) goods manufactured by you			
ii) goods sold by you as wholesalers			
iii) goods sold by you as retailers			
iv) goods serviced, maintained, repaired or tested by you			

d) Whether you

i) undertake product testing before sale? Yes No

ii) maintain a product quality control system? Yes No

iii) conform to any independent product standard? Yes No

e) Have you at any time in the past exported goods to the U.S.A. or Canada? Yes No
 If 'YES' please state

i) type of goods exported

ii) period of time you have been engaged in exporting such goods to U.S.A. or Canada

iii) the estimated total turnover involved during the above period £

1. Are your premises in a good state of repair and your plant and machinery properly fenced and guarded? Yes No
2. Do you have a foundry? Yes No
3. Do you provide berthing facilities for ships or other watercraft or landing facilities for aircraft? Yes No

If you answer 'YES' to any of the following questions please give FULL details in the 'Additional Information' Section of this Proposal Form

4. Do any of your activities involve construction, alteration, repair, maintenance or similar work carried out away from your own premises? Yes No
5. Is any of your work carried out on oil or gas rigs or other off-shore installations? Yes No

If 'YES' state the maximum number of employees on any one installation at any one time
N.B. Please also specify wages to these employees separately in Question 13 overleaf

6. Do you own or operate lifts, cranes, hoists, boilers, steam containers and other pressure vessels? Yes No
- If 'YES' are these inspected to comply with all statutory requirements? Yes No

7. Do you handle, use or store
- a) radioactive substances or devices? Yes No
- b) explosives, chemicals or gases? Yes No
- c) asbestos or silica, or any material containing silica? Yes No
- d) any other dangerous substances? Yes No

8. Have you ever been fined or served improvement or prohibition orders under the Health and Safety at Work Act 1974, the Consumer Protection Act 1987, the Environmental Protection Act 1990 or similar legislation? Yes No

9. Do you use burning equipment at or away from your own premises, or any other process involving the application of heat? Yes No

10. Do or could any of your processes result in the escape or discharge of substances which could cause pollution or contamination of buildings or other structures or of water or land or the atmosphere? Yes No

11. Have you accepted or do you accept liability under contract which would not otherwise attach to you? Yes No

12. Do you have any representation in the U.S.A. or Canada? (e.g. Parent or Subsidiary Companies) Yes No

13. Estimate in the boxes below your annual expenditure in wages, salaries and other earnings

N.B. The amount to be entered is the total remuneration including over-time, value of board and lodgings, housing accommodation, bonuses, other payment in kind or money, received by all persons working under contracts of service (including directors) or any person supplied to or hired or borrowed by the Proposer before deducting for national insurance, income tax, holidays with pay or contributory pensions.

Description of Employees including any person supplied to or hired or borrowed by the Proposer	Number of Employees	Estimated annual payments to Employees
Clerical and Managerial Employees not engaged in manual labour and commercial travellers		
Other persons working on your premises (please specify nature of work)		
Other persons working away from your premises (please specify nature of work)		
Any persons working manually abroad? (please specify nature of work)		
Labour only Sub-Contractors		

14. Estimated annual earnings of Proposer if working manually away from the premises (specify nature of work below) £

15. Sub-Contractors (excluding Labour only Sub Contractors)

Do any of your activities include construction, alteration, repair maintenance, installation or similar work away from your premises which is sub-contracted to other persons or companies?

Yes No

If 'YES' state

a) nature of work

b) estimated annual value of sub-contracted work £

c) whether you obtain an indemnity supported by insurance from Sub-Contractors Yes No

16. In the past 5 years have there been any incidents which have given rise to, may give rise to or could have given rise to a claim under the liability insurance you are now arranging with us. Yes No

17. Please complete the following schedule in respect of the last 5 years

a)

Year	Claims for injury or disease by Employees			All other Liability claims			Total Annual Earnings of Employees £	Total Annual Turnover of Business £
	Number	Amount Paid £	Amount Outstanding £	Number	Amount Paid £	Amount Outstanding £		

b) Names of Insurers and their policy numbers

18. Have there been any claims settled or notified in the last 10 years involving:

a) occupational illness or disease e.g. deafness, vibration white finger, repetitive strain injury, dermatitis, lung disease or cancer? Yes No

b) pollution or contamination? Yes No

19. Have you ever proposed for any of the risks mentioned overleaf? Yes No

If 'YES' has any insurer declined a proposal or declined to continue insurance or imposed special rates or conditions? Yes No

Additional Information

If you have answered 'YES' to ANY Questions contained in this Proposal Form or need to provide further information to help us consider the Insurance (see the IMPORTANT NOTE and DECLARATION below). Please give full details here or on a separate sheet of paper (attach details). Please state Question number clearly.

Additional Information (continued)

Important Note

Please read the following carefully before you sign and date the Declaration.

- The answers you have given to these questions will usually provide us with sufficient information to enable us to consider this Proposal.
- However, because no list of questions can be exhaustive please consider carefully whether there is any other material information known to you which could influence our acceptance and assessment of the risk.
- Material information would include any special features of the risk which makes losses more likely to happen, or more serious if they do.
- Please disclose in the Additional Information Section above or on a separate sheet of paper any such material information even if you have doubts as to whether it is material or not.
- Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid.
- You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.
- A copy of your completed Proposal Form is available on request. Please tick box if required.

Declaration

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand.

- I/We declare that to the best of my/our knowledge and belief the answers given are true and all material information as explained has been disclosed.
- I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent acting on my/our behalf, and not the agent of Insurance Corporation of the Channel Islands Ltd.
- I/We declare that the Proposal Form is for insurance in the normal terms and conditions of the Insurer's policy and shall be incorporated in and form part of the insurance contract.

Signature of Proposer(s)

Date

/ /

This insurance will not commence until the insurers have indicated their acceptance of the Proposal. The Insurers reserve the right to decline any Proposal.

Please initial any alterations on this Proposal Form.

Payment Options

Paying for your insurance could not be easier than with our three easy ways to pay. We offer you the choice of paying Monthly Premiums by Direct Debit, annually by Credit/Debit card, cash or cheque.

- The Direct Debit system is carefully regulated to make sure you are always protected. Full details of safeguards can be found in the Direct Debit Guarantee below.
- Before your Monthly Premiums commence, we will send you a statement which will show the dates on which the Debits are due. Once your Monthly Premiums start, there will be no more forms to fill in - we simply apply to your Bank or Building Society for the Monthly Premiums.
- Monthly Premiums by Direct Debit is the easiest way to pay. Monthly premiums offer you monthly budgeting and no fuss payment through your Bank or Building Society. Your premium will be collected on the same day of each month by Direct Debit from your account.
- Your Monthly Premium will be equivalent of 1/12th of the annual premium, plus a handling charge, currently at 6%. Insurance Premium Tax (IPT) will be applied at the current rate if applicable.



The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amount to be paid or the payment dates change Insurance Corporation of the Channel Islands Ltd will notify you 7 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Insurance Corporation of the Channel Islands Ltd or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please send a copy of your letter to us.

How would you like to pay?

Option 1. Annual Payment by Credit or Switch

If you intend to pay by credit card please quote your card number, expiry date and name below.

Do not send your card

(Card No)

Valid from Date (as shown on card):

Expiry Date (as shown on card):

Switch Issue No. (as shown on card):

Month Year

Card Holder's name (as shown on card) - Please use capitals:

Amount: £

If you require a receipt, please tick:

Option 2. Annual Payment by cash or cheque

Policy Number

Premium

BY POST to the address shown below. Cheques should be sent with this form.

Option 3. Monthly Premiums by Direct Debit

Policy Number

Premium



Instruction to your Bank or Building Society to pay Direct Debit



Please fill in the form and send to: Insurance Corporation of the C.I. Ltd
P.O Box 160, Dixcart House, Sir William Place, St Peter Port, Guernsey, GY1 4EY

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Name(s) of Account Holder(s)

Bank Sort Code

Bank/Building Society account number

Originator's Identification Number

9 4 0 3 4 2

Reference Number (FOR OFFICE USE ONLY)

Instruction to your Bank or Building Society

Please pay Insurance Corporation Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Insurance Corporation and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit instructions to pay for some types of accounts

