



Executive and Private/Public Hire

Liability Insurance

Proposal Form

South Essex Insurance Brokers Ltd. are authorised and regulated by the Financial Conduct Authority.

SEIB
INSURANCE BROKERS.
Over 50 years of excellent service

Application

(Please complete in block capitals and tick where indicated)

RELEVANT INFORMATION:

By entering into an insurance contract with you we will have accepted that you have made a presentation to us, which is in a reasonably clear and accessible format, in accordance with Section 3 of the Insurance Act 2015.

You must either disclose all material circumstances or provide us with sufficient information to put us on notice to make further enquiries. (*A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium)*). You should contact us or your insurance agent for clarification of any matters which are not clear to you regarding the scope of disclosure required or the provisions of this policy.

Applicant Details

1. Name(s) of Applicant(s)

Please clearly define all parties to be insured, identifying any holding/subsidiary company relationships

2. Trading Name

3. Postal Address

Postcode:	Tel. No.
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4. Date upon which the insurance is to commence :

NOTE: Insurance will **not** be in force until this application has been accepted.

Business Details

5. Address of your Business Premises if different from the above

Postcode:	Tel. No.
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6. Please state the length of time the business has been operating under your management at:

a) This premises Years Months

b) Any other premises Years Months

7. Is the Business VAT Registered?

Yes No

Liability Insurance

8. Do you require **Public & Products Liability** cover? Yes No

If YES, Please states the number of vehicles you operate:

9. Limit of indemnity you require: £5,000,000 (standard) £10,000,000 (optional)

10. Do you require **Employers' Liability** cover? Yes No

If YES, please complete the following table:

Occupation	Number of staff	Estimated Annual Wageroll
Drivers		£
Clerical/Administrative/Receptionist		£
Cleaners		£

11. Is your business exempt from holding an Employer Reference Number (ERN)? Yes No

An ERN is often referred to on tax forms as the employer's PAYE reference and is provided by HMRC to every business which is registered with them as an employer.

If NO, please provide the Employer Reference Number (ERN) for your business in the box below. Where your business has more than one ERN, you must individually list each number together with the name of the subsidiary company using the box below.

12. Please give full details of your business activities for the purposes of this insurance

13. In the table below, please give details of the owners, principals, directors and partners of the business. Please note that in the event of a partnership, we must know the names of all partners.

Continue on a separate sheet if necessary.

Name:	Occupation:
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Experience (including any current or previous experience):

Name:	Occupation:
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Experience (including any current or previous experience):

Name:	Occupation:
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Experience (including any current or previous experience):

Health & Safety

14. Do you have a written Health & Safety policy?

Yes No

If YES:

a) when was it last reviewed?

b) how often is your Health & Safety policy reviewed?

c) when will your Health & Safety policy next be reviewed?

15. Who is responsible for Health and Safety matters?

Name	Position	Relevant Qualifications

16. Do you comply with all legislation relevant to your business including where necessary registration with the appropriate controlling bodies:

e.g. Local Authority, Health & Safety at Work etc. Act 1974
?

Yes No

If NO, please give details:

17. Are the premises in a good state of repair?

Yes No

If NO, please give details:

18. Have you previously traded under another name?

Yes No

If YES, please give details:

19. In respect of the risks to be insured whether at these premises or elsewhere:

a) suffered any loss, damage, sickness or injury or incurred any liability in the last five years which has or could have given rise to a claim under any of the insurances now proposed whether or not insurance was in force

Yes No

If YES, please give details:

b) has any company or underwriter declined to issue or renew a policy or imposed special terms?

Yes No

If YES, please give details:

Health & Safety continued...

20. Have you or any current director, partner, employee or representative:

- a) been prosecuted in the last 6 years under the Factories Act or the Health & Safety at Work etc Act or any other legislation?

Yes No

If YES, please give details:

- b) been served with a Prohibition Notice in the last 6 years under the Health & Safety at Work etc Act?

Yes No

If YES, please give details:

Legal & Financial

21. Do you or any current director or partner:

- a) have any unspent convictions (other than for a driving offence)?

Yes No

If YES, please give details:

- b) have any prosecutions pending (other than for a driving offence)?

Yes No

If YES, please give details:

22. a) Have you or any current director or partner in your business been declared bankrupt or the subject of bankruptcy proceedings, liquidation, appointment of administrative receiver or administrators or made any arrangement with creditors either in a personal capacity or in connection with any company, business or firm with which any of you have been involved in the last 6 years?

Yes No

- b) If you have answered YES 22a), has any Bankruptcy Restrictions Order or Bankruptcy Restrictions Undertaking been discharged or annulled?

Yes No

- c) If you have answered NO 22b), please give details:

23. Has a County Court Judgment been made in the last 6 years against:

- a) you in a personal capacity?

Yes No

- b) any company, business or firm in which you have been involved as a director or partner or in a similar capacity?

Yes No

24. Has any director or partner in your business had a County Court Judgment made against them in a personal capacity in the last 6 years?

Yes No

25. Has a County Court Judgment been made in the last 6 years against any company, business or firm in which any director or partner in your business was involved as a director or partner or in a similar capacity?

Yes No

Disclosure of Additional Relevant Facts

26. Please read the paragraph about relevant information which appears at the head of this application form. If there is any relevant information that have not been covered by the questions set out above, you must disclose them to us. If you are unsure as to whether or not certain facts should be disclosed please contact your broker or insurance adviser for guidance. Please use the box below.

Examples of relevant information:

- *If you have purchased another business in the last 12 months which you wish to be insured under this insurance.*
- *If you have entered into a contract to provide delivery to and collection from airports.*

Declaration

We declare that the above statements and particulars are, to the best of our knowledge and belief, true and complete and have not been misrepresented or mis-stated.

- We undertake to pay the premium when asked to do so.
- We agree that the insurer may contact our previous insurers for further information and/or clarification if required.

Cover will not begin until South Essex Insurance Brokers Limited have accepted the application and they reserve the right to decline any application.

Signed for and on behalf of the applicant by

Signature Date

Name

Insurer

This certificate will be underwritten by Lloyd's Syndicate 2001 managed by MS Amlin Underwriting Limited through its appointed representative Amlin UK Limited.

Choice of law and jurisdiction

In the absence of any agreement to the contrary, the laws of England and Wales will apply and this policy will be subject to the exclusive jurisdiction of the courts of England unless, at the commencement of the period of insurance, you are either:

- a resident of; or
- a business with its registered office or principal place of business is situated in;

Scotland, Northern Ireland, the Channel Islands or the Isle of Man, in which case (in the absence of agreement to the contrary) the law of that country, crown protectorate or dependency will apply and this policy will be subject to the exclusive jurisdiction of the courts of that country, crown protectorate or dependency.

Data Protection Act (this notice applies to all sections of this application)

You should understand that information you provide to us may contain personal information as defined under the United Kingdom's Data Protection Act 1998. By providing this information, you consent to the processing of your personal information by us, e Insurer and their affiliated companies. You should be aware that some of these organisations may be located outside the European Economic Area. Please be assured that we and the Insurer have taken appropriate steps to safeguard your information according to relevant data privacy laws. Please contact us if you require further information on measures undertaken to protect your data. An explanation detailing how your information is used can be found within the Privacy Notice on policy wordings.



A better way to insure

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