

INTERSURE INSURANCE BROKERS LIMITED

LIABILITY PRESENTATION

Name of Proposer: _____ Trading Name: _____
 Full Business Address: _____

 _____ Post Code: _____
 Trade: _____
 Web Site: _____

Brief Description of trade, processes, activities:

(Please provide any product information or company brochures available)

How long has the proposer been trading?

From these premises: _____ Years From any other Premises: _____ Years

Cover Required:

Employers Liability:	YES NO		£10,000,000	
Public Liability:	YES NO	£1,000,000	£2,000,000	£5,000,000
Products Liability:	YES NO	£1,000,000	£2,000,000	£5,000,000

GENERAL QUESTIONS

Are your ways, machinery and plant properly fenced, guarded and in good condition? **YES NO**

Does the company have a written Health & Safety policy and officer? **YES NO**

If yes state when it was originally prepared and date of last review: _____

Is a Statutory Accident Book kept? **YES NO**

Where relevant, are employees fully trained in the use of Machinery & Equipment? **YES NO**

Is protective clothing, headgear, gloves and the like provided for employees? **YES NO**

If so please provide details: _____

Are any employees exposed to noise levels above 85db? **YES NO**

If so what provisions are made to protect employees: _____

Please state the maximum weight of any products handled, manufactured or worked upon by employees: _____

Is there any use of heat? **YES NO** If yes please state type of heat used: _____

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And percentage of heat used: On premises: _____ % Away from premises: _____ %

Please state the maximum height / no of storeys worked at by any manual employees: _____

To enable us to obtain the most competitive terms available please answer the following questions in as much detail as possible:

Please provide full details of all Trade Processes and Business Activities carried out at the premises: (Including numbers of employees engaged in each activity):

[Empty box for providing details of Trade Processes and Business Activities at the premises]

Please provide full details of any Trade Processes and Business Activities carried out away from the premises (Including numbers of employees engaged in and percentage of time spent working away):

[Empty box for providing details of Trade Processes and Business Activities away from the premises]

Please provide full details and types of all plant, machinery, tools or equipment used either on or away from the premises (Please specify) Including any Fixed Woodworking Machinery, Other Power Driven Machinery, Lifts, Cranes, Hoists, Fork Lift Trucks and the like:

[Empty box for providing details of plant, machinery, tools or equipment used]

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Please provide full details of all types of locations any work away from the premises is carried out at:

Please provide a full description of the types, number & size of individual contracts undertaken:

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Please provide full details of any chemicals, flammables, explosives and the like that are used and details of how they are stored:

WAGE ROLL & TURNOVER DECLARATION

Wage Categories (inc. Directors if LTD co)	No of Staff		Estimated annual wages for the forthcoming year	
	F/T	P/T	On Premises	Work Away
Clerical / Sales People			£	£
Woodworkers			£	£
Machinists			£	£
Warehousemen			£	£
Delivery Drivers			£	£
Labour Only Sub Contractors			£	£
Bona Fide Sub Contractors			£	£
Heat Workers			£	£
			£	£
			£	£
			£	£

Estimated Total Turnover For The Forthcoming Year (INCLUDING VAT)	U.K.	£
	Europe	£
	U.S.A. / Canada	£
	Rest of World	£
	Total	£

If Products or Materials are imported or exported, please provide full details of the products and countries exported to and the source and type of materials / products imported:

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If any work is carried out outside the UK please provide full details of countries worked in, approximate percentage of time spent in each country and number of employees:

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FIVE YEARS CLAIMS HISTORY

EMPLOYERS LIABILITY

Date	Claimant / Circumstances	Settled or Outstanding	Payment or Reserve
			£
			£
			£

PUBLIC / PRODUCTS LIABILITY

Date	Details	Settled or Outstanding	Payment or Reserve
			£
			£
			£

Please provided details of action taken following any claim to prevent a reoccurrence of the incident:

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Please return completed form to:

Intersure Insurance Brokers Limited
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Sudbury, Suffolk CO10 1RE
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