

Intersure Insurance Brokers Limited

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Please return the completed form to the above address by post, fax or e-mail.

COMBINED LIABILITIES PROPOSAL FORM

For Umbrella & Payroll Companies

Name under which business is conducted :

NOTE: If you are not a Limited company please ensure that all partners and/or principals names are detailed :- eg: John and Mary Smith trading as Smith Recruitment.

Address of Head Office:

Tel no:

Fax no:

e-mail:

Number of Branches:

General Questions:

1. Date Business Established:

Are you a member of any trade organisation :

YES/NO

If yes please advise :

2. **Description of Business Activities:**

3. Do you have any offices or parent companies outside the UK?

YES/NO

If yes give details:

4. **Current insurances:** *Please provide details of your current insurance cover*

	Previous Insurer	Limit of Indemnity	Premium	Expiry
Professional Indemnity		£		
Combined Liability		£		
Office Package		£		
Other		£		

5..Has any Insurer declined to provide cover or imposed special terms?

YES/NO

(If yes please provide details)

6.Is any Director, Partner, Principal or Employee aware, after enquiry, of any claim, potential claim or circumstance or any facts that may affect the Insurers consideration of this insurance or have

you suffered any losses or claims which would have been covered by insurance of this nature?
 YES/NO

(If yes please give full details)

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7. Have you, the proposer, or any principal, director or partner under a current or any previous title:
- a. been declared bankrupt or insolvent? YES/NO
 - b. been convicted of any criminal offence (other than motoring offences) YES/NO
 - c. or is any prosecution pending? YES/NO

Please indicate which sections of cover are required
Section 1 – Combined Liabilities.

Employers Liability	<input type="checkbox"/>
Limit of Indemnity £10,000,000	
Public Liability	<input type="checkbox"/>
Limit of Indemnity any one claim £ 1M £2M £5M	
Product Liability (as per PL)	

Estimated Annual payroll in respect of your own administration staff: £

Estimated annual turnover in respect of various categories of persons for who service is offered

1.Clerical (white collar activities)	£
2.Technical (white collar activities with occasional site visits)	£
3.Technical (Medical including Nursing/Care	£
4.Domiciliary Care	£
5 Manual (Drivers/Warehouse/Light Industrial	£.
6. Construction/Heavy Industrial	£
7. Railway/Safety Critical (as defined by The Railways (Safety Critical Work) Regulation 1994	£
8.Welders/Heat Work	£
9. Off Shore	
10..Others –please provide full details	

PLEASE ATTACH COPIES OF a. Current Standard Terms of Business
b. Current contract with contractors/

Date Cover to Commence:

Please note cover will not commence until acceptance of risk by Underwriters

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters. A material fact is one which may influence an Underwriter’s judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to Underwriters will be material and such changes should be highlighted. If you are in any doubt as to whether a fact is material you should disclose it.

FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow Underwriters to void the policy.

DECLARATION

I/WE DECLARE THAT THE STATEMENTS AND PARTICULARS CONTAINED IN THE PROPOSAL ARE TRUE AND THAT I/WE HAVE NOT MIS-STATED OR SUPPRESSED ANY MATERIAL FACTS. I/WE AGREE THAT THIS PROPOSAL TOGETHER WITH ANY OTHER INFORMATION SUPPLIED BY ME/US SHALL FORM THE BASIS OF ANY CONTRACT OF INSURANCE EFFECTED THEREON. I/WE UNDERTAKE TO INFORM UNDERWRITERS OF ANY MATERIAL ALTERATION TO THESE FACTS OCCURRING BEFORE COMPLETION OF THE CONTRACT OF INSURANCE..

SIGNED:.....

DATED:.....

Print name:.....

Director/Company Secretary

Please provide any additional information you feel may assist us in assessing your requirements.