

Please ensure that all questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

**Important Notice Concerning Disclosure:** It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

**SECTION 1** DETAILS OF PROPOSAL

1. a. Name of Proposer: \_\_\_\_\_  
 b. Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 c. Trading Name (if different): \_\_\_\_\_  
 d. VAT No./TRN (where applicable): \_\_\_\_\_  
 e. Telephone No./Fax No.: \_\_\_\_\_  
 f. Email address: \_\_\_\_\_  
 g. Company Number: \_\_\_\_\_
2. Limit of Indemnity Required: \_\_\_\_\_
3. Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

**Details of Your Business and Premises**

4. Provide a full description of your business activities:

5. How long has the business been established? \_\_\_\_\_ Years

6. State description of premises (if you have more than 3 premises, please provide details on an additional sheet):

	Premises 1	Premises 2	Premises 3
Address			
Description e.g., office, factory			
Construction e.g., stone, timber			
Age (approx.)			
Purpose built	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tenure	<input type="checkbox"/> Single <input type="checkbox"/> Multi	<input type="checkbox"/> Single <input type="checkbox"/> Multi	<input type="checkbox"/> Single <input type="checkbox"/> Multi

7. Are your premises, plant, equipment and machinery in good condition and well maintained?  Yes  No
8. a. Will you undertake any manual work away from your premises (other than delivery)?  Yes  No

If Yes, please provide the following applicable to the next 12 months:

Nature of Work	Total Estimated Turnover/Sales

b. Does any of this work involve:

- i. the application of heat (e.g., use of welding, flame cutting equipment, blowlamps or hot air strippers)?  Yes  No
- ii. any work on ships, at airports, chemical works, off-shore structures, oil or gas refineries?  Yes  No
- iii. any work outside the country?  Yes  No
- iv. work at a height above 10 metres (30 ft) or underground?  Yes  No

If Yes, to any of the above, please provide details and indicate the approximate proportion of work away wages:

Nature of Work	Work Away Wages

9. a. Do you subcontract any work?  Yes  No

If Yes, please provide details of the work subcontracted and estimated payments for the next 12 months:

Nature of Work	Estimated Payments

b. Do you ensure that subcontractors have adequate liability insurances in force with an indemnity limit at least as high as that which you are arranging and do you ensure that such insurances are maintained in force?  Yes  No

10. a. Do you use, handle, store or transport any hazardous substances such as toxic chemicals, explosives substances, gases, asbestos, radioactive substances or any materials giving rise to dust, fumes or vapours?  Yes  No

If Yes, please provide details:

b. Do you discharge any hazardous waste products (e.g. toxic chemicals, gases, acids, radioactive substances, dust, fumes or vapours) into the atmosphere, ground, sewers, waterways or elsewhere?  Yes  No

If Yes, please provide details:

- i. Type of Waste: \_\_\_\_\_
- ii. Storage and Disposal Methods: \_\_\_\_\_
- iii. Treatment of waste: \_\_\_\_\_
- iv. Disposal Licences held: \_\_\_\_\_

11. Are you represented in any form (e.g., branch office, subsidiary or associated company sales office, agent holding power of attorney) in another country?  Yes  No

If Yes, please provide details:

**Wages and Turnover Details**

12. Please provide the following information:

Description of all Employees	Est. Number	Est. Wages and Salaries for next 12 months
Clerical and administrative only (not engaged in manual work)		\$
All others (specify):		
		\$
		\$
		\$
<b>Total</b>		\$

13. Total estimated turnover for the next 12months: \_\_\_\_\_

**Claims and Related Details**

14. Have any incidents occurred during the last 5 years resulting in injury (including death,disease or illness) to members of the public or damage to their property arising out of your general operations?  Yes  No

If Yes, please provide the following information:

Date of Occurrence	Brief Details of Each Incident (whether a claim was made or not)	Claims	
		Paid	Outstanding

15. Are you aware of any other circumstances not mentioned above which might give rise to a claim?  Yes  No

If Yes, please provide details:

16. Have you previously insured against public liability risks?  Yes  No If Yes, please provide details:

Cover	Insurer	Expiry date of cover
Public Liability		

17. Has any insurer in respect of the risks to which this proposal relates:

a. declined your proposal, refused renewal, or cancelled your insurance?  Yes  No

b. required an increased premium or imposed special conditions?  Yes  No

If Yes to either, please provide details:

18. Have you, or any of your business partners or directors ever been convicted of or charged (but not yet tried) with any offence relating to the release, discharge or disposal of pollutants or waste?  Yes  No

If Yes, please provide details including date(s) and outcome:

**SECTION 2** DECLARATION

**NOTE:** SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

I/We declare that the statements and particulars in this Proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I/We agree that this Proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the insurers of any material alteration to those occurring before the completion of the contract of insurance.

**Data Protection Declaration:**

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG United Insurance Ltd. may process any and all of the personal data provided.
- I consent to CG United Insurance Ltd. processing my personal data, in accordance with CG United Insurance Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG United Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG United Insurance Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Proposer Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_