PROPOSAL FORM
LIABILITY INSURANCE
FOR PROFESSIONALS

Please complete in capital letters using an ink pen and tick boxes as appropriate.

**Name of Proposer in full, who will be the Insured in the insurance policy.**

(Please include trading name and show the names of all subsidiary and associated companies to be insured.)

<table>
<thead>
<tr>
<th>Name of Proposer in full, who will be the Insured in the insurance policy.</th>
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<tr>
<th>Broker name</th>
<th>Broker contact</th>
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<tr>
<th>Broker telephone number</th>
<th>Date business established</th>
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<table>
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<tr>
<th>Address of Proposer's main office</th>
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<tr>
<th>Postcode</th>
<th>Website</th>
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1. Give full details of all activities undertaken and any intended change in these (cover will only be provided for activities listed).

2. Gross fees received (including those paid to sub-contractors)

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<tr>
<th></th>
<th>Last year</th>
<th>Estimated for Forthcoming Year</th>
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<tbody>
<tr>
<td>Total fees (UK and Overseas)</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Overseas work (please list countries below)</td>
<td>£</td>
<td>£</td>
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<tr>
<td>Largest total fee from any one client</td>
<td>£</td>
<td>£</td>
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(If a non-fee earning business tick here [ ] and use turnover figures above)

Please list countries and amounts involved

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3. Is Liability insurance currently held? Yes [ ] No [ ]

Please provide details.

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4. Do you require Employers Liability?
   Yes ☐ No ☐
   If YES, please advise.
   Number of staff ____________________________ Estimated wages, salaries and payments for the next 12 months ____________________________
   Do you have any employees working outside UK on long-term contracts for a period greater than six months?
   Yes ☐ No ☐

5. Do you require Public/Products Liability?
   Yes ☐ No ☐
   (Please tick which Limit you require?) £1,000,000 ☐ £2,000,000 ☐
   a. Will the Proposer supply any products?
      Yes ☐ No ☐
   b. Will any of the Proposer’s products supplied be used in aircraft or on off-shore rigs/platforms?
      Yes ☐ No ☐
   c. Has the Proposer accepted additional liabilities by agreement or contracts with any third parties, suppliers or sellers?
      Yes ☐ No ☐
   d. Have any of the Proposer’s products been directly or indirectly exported to the United States or Canada?
      Yes ☐ No ☐
   If YES to any of the above, please give details.

6. General questions
   Yes ☐ No ☐
   a. Does the Proposer have any representation outside the UK?
   b. Does the Proposer undertake any work away from their premises which involves heights above 10 metres, or any work underground, on ships, at airports, chemical works, off-shore structures, oil or gas refineries?
      If YES, please give details and percentage of income.
   c. Does the Proposer hold an asbestos removal licence?
      Yes ☐ No ☐
   d. In the Proposer’s organisation who (name and title) is responsible for risk-management policy?
      (e.g. health and safety, quality control and environment.)
      Name ____________________________
      Position held and any relevant qualifications ____________________________
   e. Has the Proposer carried out risk assessments to identify hazards in relation to the business activities?
      Yes ☐ No ☐
   f. Has the Proposer carried out steps to control workplace hazards?
      Yes ☐ No ☐
   g. Does the Proposer communicate risk-management policies to staff?
      Yes ☐ No ☐
h. Are the Proposer’s premises, plant, machinery and equipment in a good state of repair?  
   Yes ☐ No ☐

i. Does the Proposer subcontract work to established firms or companies?  
   Yes ☐ No ☐

j. Has the Proposer obtained any quality/safety awards?  
   Yes ☐ No ☐

If YES, please advise the name of the award, and when obtained.

k. Does the Proposer comply with workplace, product safety and environmental legislation?  
   Yes ☐ No ☐

7. Claims and notifications

   a. Has any claim been made against the Proposer in the last five years arising out of their business as a result of any injury to, or death, disease or illness or damage to property of:
      i. employees?  
         Yes ☐ No ☐
      ii. members of the public?  
         Yes ☐ No ☐

If YES in either case please give details of the current year and the last five years below:

<table>
<thead>
<tr>
<th>Incident year</th>
<th>Employers’ Liability Claims</th>
<th>Public Liability Claims</th>
<th>Products Liability Claims</th>
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<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Paid £</td>
<td>Outstanding £</td>
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   b. Do you have a procedure for accident/incident reporting and investigation?  
      Yes ☐ No ☐

   c. Have directors or partners of the Proposer ever:
      i. been declared bankrupt or insolvent either as private individuals or in connection with any business?  
         Yes ☐ No ☐
      ii. had an insurance contract cancelled or declared void or a claim repudiated or renewal refused due to breach of a policy condition or due to non-disclosure or misdescription or misrepresentation of a material fact?  
         Yes ☐ No ☐
      iii. been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence?  
         Yes ☐ No ☐
      iv. been prosecuted during the last five years under any workplace, product safety or environmental legislation?  
         Yes ☐ No ☐

8. Employers’ Liability Tracing Office

   Certain information relating to your insurance policy including, without limitation, the policy number(s), employers’ names and addresses (including subsidiaries and any relevant changes of name), coverage dates, employer’s reference numbers provided by Her Majesty’s Revenue and Customs and Companies House Reference Numbers (if relevant), will be provided to the Employers’ Liability Tracing Office, (the **ELTO**), and added to an electronic database, (the **Database**).

   This information will be made available in a specified and readily accessible form as required by the Employers’ Liability Insurance: Disclosure By Insurers Instrument 2010. This information will be subject to regular periodic updating and certification and will be audited on an annual basis.

   Please confirm the firm’s employer’s reference number [ ]
IMPORTANT NOTICES

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

IMPORTANT NOTICE CONCERNING YOUR DUTY TO MAKE A FAIR PRESENTATION OF THE RISK

Before the insurance policy takes effect the Insured have a duty to make a fair presentation of the risks to be insured under the insurance policy.

A fair presentation of the risk is one:

• which:
  – discloses to the Insurer every material circumstance which the Insured know of or ought to know of; or
  – gives the Insurer sufficient information to put the Insurer on notice that it will need to make further enquiries for the purpose of revealing those material circumstances,

• which makes that disclosure referred to above in a manner which is reasonably clear and accessible to the Insurer; and

• in which every material representation as to a matter of fact is substantially correct, and every material representation as to a matter of expectation or belief is made in good faith.

A material circumstance is one that would influence the Insurer's decision as to whether or not to agree to insure the Insured and, if so, the terms of that

A copy of the proposal should be retained by you for your own records.

FINANCIAL OR TRADE SANCTIONS

Royal & Sun Alliance Insurance plc is unable to provide insurance in circumstances where to do so would be in breach of any financial or trade sanctions imposed by the United Nations or any government, governmental or judicial body or regulatory agency.

FAIR PROCESSING NOTICE

RSA will treat your personal information fairly and lawfully in accordance with the Data Protection Act 1998.

DECLARATION AND UNDERTAKING

I/We declare that every statements and particular contained within this proposal form:

• which is a statement of fact, is substantially correct, and

• which is matter of expectation or belief, is made in good faith.

If any such facts, expectations and/or beliefs materially change before the insurance policy takes effect I/we undertake to provide details of all such changes to the Insurer in order to comply with my/our obligation to provide a fair presentation of the risk to be insured under the insurance policy.

For the purposes of making this proposal for insurance, I/we agree that the Intermediary (which I/we have appointed to advise in relation to this policy) is acting on my/our behalf and not as an agent of the Insurer:

Signature (Principal) ________________________________ Date ________________

On behalf of* ________________________________

*insert name of Proposer

This insurance will not commence until the Insurer has indicated acceptance of the Proposal. The Insurer reserves the right to decline any Proposal.

Please initial any alterations on this proposal form.