

# PROPOSAL FORM

## Public & Employers Liability

### IMPORTANT

When completing this proposal form please answer the questions in BLOCK CAPITALS.

### Non-Disclosure

You must disclose all material information likely to influence the acceptance or assessment of the risk.

Failure to disclose a material fact may invalidate your policy or may result in a claim being rejected or not being fully paid. Once a contract of insurance is concluded the proposal form and any additional information provided by you will form the basis of contract.

Name of Business:

Full Name of Proposer:

Full Postal Address (post code must be shown):

<input type="text"/>	
<input type="text"/>	Post Code: <input type="text"/>

Address of the premises to be insured (if different to postal address):

<input type="text"/>	
<input type="text"/>	Post Code: <input type="text"/>

Telephone Number:

Website Address:

Mobile Number:

Email Address:

Full Description of Activities:

From what date would you like cover to start?



Public & Product liability limit of indemnity required:

1 Million

2 Million

5 Million

What is your estimated annual turnover?

Within the UK only:

Within the USA and/or Canada:

Elsewhere in the world:

Do you employ staff?

Yes

No

If YES to the above, how many employees do you have?

Please insert ERN (PAYE Reference) or state if exempt:

Clerical Wage Roll:

Manual Wage Roll:

Payments to subcontractors working away from premises:

Do you or any of your employees/sub-contractors undertake any manual activities?

Yes

No

Do you do any work above 5m or below 2m?

Yes

No

Do you work with heat? (if YES please give percentage %)

Yes

No

If you have answered YES to any of these questions, please provide us with further information below:



Do you work in any of the following areas? (if YES, please give percentage %)

Yes  No

Docks, Harbours, Piers or Jetties?

Yes  No

Railways, Trackside or Red Zones?

Yes  No

Airports, Airfields?

Yes  No

Power/Nuclear power stations or nuclear power installations?

Yes  No

Offshore oil or gas installations?

Yes  No

Towers, Steeples or chimney shafts?

Yes  No

Motorways, Highways, Bridges, Flyovers or Viaducts?

Yes  No

Quarries, Mines or Collieries?

Yes  No

Do you travel overseas, if so what does this entail? Where do you visit and how often?

Do you have a health and safety policy in place?

Yes  No

Has any health & safety notice/order/prosecution been placed in the last 5 years?

Yes  No

If YES to the above please provide us with full details:



Have any previous claims been made against the company or directors?

Yes  No

Have you or any partner/director/employee been investigated or charged with a criminal offence (other than motoring offences)?

Yes  No

Have you or any partner/director/employee ever been declared bankrupt, insolvent or been the subject to bankruptcy proceedings, insolvency proceedings or been disqualified from being a company director?

Yes  No

Has the company or any principal or partner in the company ever had an insurer decline a proposal for insurance, refused renewal, increased premium, imposed special terms or cancelled an insurance application?

Yes  No

If YES to any of the above, please give full details, including amounts:

Do you have any other existing insurance policies with My Business Cover?

Yes  No

Have you previously been insured?

Yes  No

If YES to the above please state name(s) of current insurer(s):

What is the current level of Indemnity limit?

What is your current insurance premium?

£

What is your policy expiry date?

/       /

Please provide us with any other information below:



Please read the declaration carefully and sign at the bottom. It is advised that you retain a copy of this proposal for your own records.

## Declaration

a. I, the undersigned, hereby declare that I am an officer of the company, am authorised by the company and other persons proposed for this insurance to complete and sign this proposal form and do so on their behalf after making all reasonable enquiries of them.

b. I confirm that I have read and fully understand the important notice contained herein and to the best of my knowledge and belief the particulars set forth herein are true.

c. I agree that if any other person has written any of the said particulars, such person shall for that purpose be regarded as my agent and not the agent of the insurer.

Signature:

Position:

Print Name:

Date:

 / 

## Your Marketing Preferences

By providing us with your contact information you are consenting to us contacting you with regards to your insurance requirements.

From time to time you may also receive marketing communications from My Business Cover regarding any updates, news and selected products and services that may be of interest to you.

If you prefer not to receive marketing information from My Business Cover please tick the following boxes below:

Post       Email       SMS       Phone       Other Electronic Means

If your personal details change or if you change your mind about your marketing preferences please email [contact@mybusinesscover.co.uk](mailto:contact@mybusinesscover.co.uk).



For QUOTES please complete and return the proposal form to My Business Cover (MBC):

By post to: MBC Head Office, 141-143 Princess Road, Fallowfield, Manchester, M14 4RE

You can scan and email to: [quotes@mybusinesscover.co.uk](mailto:quotes@mybusinesscover.co.uk)

Need help? Give us a call on 03333 444 585

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