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**Liability Questionnaire**

Client Folder:

The completion of this form in no way binds the Proposer to purchase insurance, nor does it bind Insurers to give insurance.  
Any information given will only be passed to Insurers for the purpose of quotation and will be treated as confidential.

- 1) **Name:**
- 2) **i) Turnover for last completed financial year: £** \_\_\_\_\_  
**ii) Estimate Turnover for forthcoming year: £** \_\_\_\_\_
- 3) **Employers Reference Number:** \_\_\_\_\_
- 4) **No. Staff (inc. Directors) :** \_\_\_\_\_

If you have been given an indicative premium for Liability Insurance from us it was on the assumption that you will be able to confirm **YES** to **ALL** of the following statements .

- You do not undertake work where you are involved in any manual process of manufacture, construction or demolition (this does not include the installation of IT, Telcommunications and other audio/visual equipment but would include the type of work expected of an electrical contractor e.g the complete re-wiring of an office).
- Your Employees are not exposed to silica, asbestos, or substances containing asbestos.
- You do not undertake work on power stations, nuclear installations, or establishments.
- You do not undertake work on refineries, bulk storage, or premises in oil gas or chemical industries, or offshore structures.
- You do not undertake work on aircraft, hovercraft, aerospace systems, watercraft or railways.
- You can confirm that no claim been made or loss suffered, whether insured or not, and that you are not aware of any circumstance which might lead to a claim in respect of any of the risks to which this proposal for Liability Insurance relates.
- You are not aware of any matter which might otherwise affect the consideration of this proposal.
- You can confirm that no application for similar insurance made on Your behalf or on behalf of any of the present or past partners, directors or principals, or predecessors in business, ever been declined, renewal refused, or cancelled

Should you find that the answer is **NO** to any of the above statements, please provide full details in the space provided below; based upon the additional information provided, it may be necessary for us to amend or withdraw our indicative premium.

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

**Signature of Principal:**

**Date:**