

Sennet Health and Safety Professionals Proposal form

1)a) Company Name/Title of Insured:

1)b) Principal Address:

 Post Code:

1)c)

Telephone Number:	<input style="width: 70%;" type="text"/>
Fax Number:	<input style="width: 70%;" type="text"/>
Mobile Number:	<input style="width: 70%;" type="text"/>
E-mail Address:	<input style="width: 70%;" type="text"/>
Web-site Address:	<input style="width: 70%;" type="text"/>

1)d)

Company Employer Reference Number:	<input style="width: 60%;" type="text"/>
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2)a) Date Company Established:

2)b) Date Financial Year End:

3)

Names of Partners/Directors:	Age:	Qualifications:	Years at firm:
<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>

4)

Number of Qualified Staff:	<input style="width: 95%;" type="text"/>	Are You a Chartered IOSH member?	YES/NO
Number of Unqualified Staff:	<input style="width: 95%;" type="text"/>	Are You a member of IFSM?	YES/NO

5) Please provide a split of annual income by type of work:

Work Type:	Last Financial Year:	Estimated for the Forthcoming Year:
Health, Safety, Fire & Environmental Training/Lecturing:	£	£
Health, Safety, Fire & Environmental Auditing Planning and Policy Preparation:	£	£
Fire Risk Assessments:	£	£
CDM Co-ordinator:	£	£
Other Work: (please specify):	£	£
Total:	£	£

6) Please provide details of current Professional Indemnity insurance arrangements below:

Insurer:	Expiry Date:	Limit of Indemnity	Retroactive Date:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	£	<input style="width: 95%;" type="text"/>

7) Please state the limit you require for :
Professional Indemnity Insurance:

£250,000 £500,000 £1,000,000 £2,000,000 £5,000,000 Other:

Public Liability Insurance:

£1,000,000 £ 2,000,000 £5,000,000 Other:

8) Do You require Employer's Liability Insurance (only available with Public Liability):

Have You ever:

- undertaken any work in the Oil / Gas, Chemical, Offshore, Nuclear, Aviation (including Airside), Pharmaceutical, Power, Contaminated Land / Waste Management, Legionella, Amusement Park, Asbestos or Rail Industries?
- undertaken any work outside of the UK?
- undertaken any manual work?
- supplied products?
- undertaken any work above ten metres in height?

If YES, please provide full details below:

9)a) Do You undertake any Live Fire Demonstrations/Training?

9)b) Would you like these to be covered under Your Public Liability Insurance?

N.B Please note an additional premium will be required for this coverage extension.

If the answer to 9)b) above is YES, please confirm You comply with the following:

- Instructors are required to hold relevant experience training within the fire service.
- Training situation must be risk assessed.
- Training must be on a one to one basis in respect of Fire Extinguisher handling and usage.
- Trainees must be dressed appropriately (i.e. no loose clothing /long hair to be tied back etc) and given the option to wear protective glasses.PPE should be used when specified by the risk assessment
- Any flammable liquid fire must not extend to an area larger than .25 sq metre
- A class A fire (wood, paper etc) must be contained within a small steel brazier.
- Where a controlled fire rig is used an operator must be stationed at the fuel shutoff at all times while in operation.
- All demonstrations must be held outside, in an area that is suited to hold the demonstration, and a suitable distance from any building or other structure.
- You use a controlled gas rig or similar when undertaking Live Fire Demonstrations/ Training.

If you are unable to confirm the above, please provide full details in the space provided over the page:

- 10) Has any claim been made or loss suffered by You or any predecessor, whether insured or not, in respect of any of the risks to which this proposal for insurance relates or are you aware of any circumstance which may give rise to a claim against you, your predecessors in business or any past or present Director, Partner, Principal or employee?

- 11) Have You or any predecessors at any time been refused similar Insurance, quoted increased premiums or had special terms imposed?

- 12) Have You ever been involved in an HSE investigation and been criticised or found culpable?

If You have answered YES to either question 10, 11 or 12 please provide full details below:

PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION

DECLARATION:

I / we declare that the statements and particulars in this proposal are true and that I / we have not misstated 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 insurers of any material alteration to these facts occurring before completion of the Contract of Insurance. Returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise Sennet Insurance Services Ltd to seek terms on my / our behalf from Insurers including current Insurer's if any.

Signature of Principal:

Date:

(this must be signed by a Partner, Director or equivalent ranking employee)

All information provided to us and then to underwriters is governed by the DATA PROTECTION ACT 1998. Sennet Insurance Services Ltd and Manchester Underwriting Management Ltd act strictly in accordance with the Act its principals and tenets and any subsequent amendments thereto.