

# Liability and Construction Non-Construction Quote Form



For broker use only

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**Broker Details**

Broker Name / Reference	
Broker Telephone Number	
Email Address	
Date	

**A. Basic Details**

1. Insured Name in Full

2. Address (including full postcode)

3. Full Business Description

4. Number of years in business  5. Date cover required  /  /

6. Target Premium  £

7. Current Insurer  8. Number of years with them

9. Cover Required (delete as applicable)  
 Employers' Liability Yes  No  Public and Products Liability Yes  No   
 Limit  £10m  Other: £  Limit  £ (minimum £1million)

**10. Employers' Reference Number(s)**

We are required to supply data to our insurers to enable them to supply data to the Employer's Liability Database on all Employer's Liability policies.

We must supply the names of all subsidiary companies under a policy and the Employers Reference Number (ERN), which is also known as the Employers PAYE reference, for each company.

Please complete the details below (continue on separate sheet, if necessary).

Company Name	Address	Postcode	ERN Format usually 999/XX99999 or 999/X99999	ERN Exempt?
<i>Main insured</i>			/	Yes/ No
<i>Subsidiary 1</i>			/	Yes/ No
<i>Subsidiary 2</i>			/	Yes/ No

**B. 5 Year Claims / Incident History** (continue on separate sheet, if necessary)

Please provide full details of all claims/incident in last 5 years (if none, state 'none')

Incident Date	Description	Amount Paid / Reserve	Remedial Action

**C. Staff Information**1. Total number of employees  (if more than five, please complete supplementary Health & Safety questionnaire)2. ISO9001 / BS5750 Accreditation or other 

Category of work	Number of Staff	Payroll/Payments
Clerical / Managerial		£
Manual Employees (Premises)		£
Manual Employees (Work away)		£
Work above 2metres in height		£
Woodworking Machine Operators		£
Labour only sub-contractors payments		£
Bona-fide sub-contractors payments		£
Activities of sub-contractors		

**D. Details of Work**

Any work carried out at high risk locations? (Power stations / Nuclear establishments / Oil, gas or chemical industries / Offshore, Aircraft or Watercraft, Railways or Airports)						Yes / No	
Any work outside Europe?						Yes / No	
Any work carried out above 2 metres in height? (If so complete next row)						Yes / No	
Percentage of work	2m to 10m	%	10m to 15m	%	Over 15m	%	
Any work away other than collection or delivery?						Yes / No	
Any work away from the premises involving the use of heat? (Advise percentage of wages/turnover)						Yes / No	%
Are rights of recovery against suppliers / manufacturers waived?						Yes / No	
Are any products manufactured?						Yes / No	
If any of the above questions are answered yes, please provide more details in the Additional Information Section							
Are products exported to USA or Canada?						Yes / No	
If yes, please complete the attached USA / Canada Exports Supplementary Questionnaire							

**E. Turnover Details**

	UK	EEC	USA/Canada	Rest of the World
Contracting Activities	£	£	£	£
Manufactured Products	£	£	£	£
Wholesale / Supply of Products Only	£	£	£	£
Other Turnover	£	£	£	£
Please describe:				

## F. Product Details

Please use this box to provide details of Products Manufactured / Supplied:

## G. Supplementary Health and Safety Questionnaire

1.	Is there a formal written Health & Safety policy?	Yes / No
	If yes: What date was it originally prepared? What is the date of the last review?	
2(a).	Who is responsible for Health & Safety?	
	What is their position in the company?	
2(b).	Who does he / she report to? (Name)	
	What is their position in the company?	
3(a).	Have formal Risk Assessments (RAs) been carried out, documented with relevant Safe Systems of Work?	Yes / No
3(b).	What percentage of RAs has been completed?	%
3(c).	Is there a formal plan for review of RAs?	Yes / No
4.	Is there a formal safety training plan for employees?	Yes / No
5(a).	Is there a formal plan for the provision of Personal Protective Equipment (PPE)?	Yes / No
5(b).	Do employees sign for PPE and are records kept?	Yes / No
6(a).	Are there documented procedures for high-risk activities?	Yes / No
6(b).	Is a formal "Permit to work" scheme for high-risk activities operated?	Yes / No
7.	Is there a formal contractor control procedure for visiting contractors?	Yes / No
8.	Is there a documented fire emergency plan?	Yes / No
9.	Is there a formal Health & Safety monitoring plan?	Yes / No
10.	Is there a formal occupational health plan? (Noise assessments etc.)	Yes / No
11.	Is there a formal documented accident investigation plan?	Yes / No
12.	Are any form of behavioural assessment carried out?	Yes / No
Describe any other Health & Safety activity or provide any additional comments as necessary:		
Please specify any instances of industrial disease within the last 5 years (e.g. noise related, asthma, skin disease, RSI etc.):		

## H. USA / Canada Exports Supplementary Questionnaire

1.	Are the products CE marked?	Yes / No
	If 'No' please give reasons:	
2.	Is there a formal written quality control procedure?	Yes / No
	If 'No' please give reasons:	
3.	Is there a formal customer complaints / incident reporting procedure?	Yes / No
	If 'No' please give reasons:	
4.	Have all relevant US standards been researched and compiled, and is such research documented?	Yes / No
	If 'No' please give reasons:	

### Additional Information

Please use this box to provide any additional information

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**Fusion**

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Fusion is a trading name of Geo Underwriting Services Limited

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