



Agricultural Contractors Public/Products & Employers' Liability Proposal

A YOUR BUSINESS

1. Name of Proposer in full:

2. Address and Telephone Number:

3. Date Established:

4. Full Description of all your Activities:

5. Do you undertake any manual work away from your premises?

Yes No

If 'Yes' does it involve the application of Heat ?

Yes No

Tree Felling ?

Yes No

6. Do you use Sub-Contractors?

Yes No

If 'Yes' please give details

7. Will you supply any Products?

Yes No

8. Will you import any Products?

Yes No

9. Will you supply any Products that you do not manufacture?

Yes No

10. Do you alter, adapt or change the form of any Product which you do not manufacture?

Yes No

11. Will you export any Products or Services?

Yes No

B WAGES AND TURNOVER

1. **WAGES** - Please complete

Description of all Employees Wages (fees of Working Directors should not be included)	Estimated Number of staff	Estimated Wages and Salaries for next 12 months	At your premises	Away from your premises
Clerical (not engaged in manual work)			£	£
All others (please specify)			£	£
Payments to Labour-only Sub-Contractors			£	£
TOTAL ESTIMATED WAGES/SALARIES FOR NEXT 12 MONTHS			£	£

2. **TURNOVER** - Please complete

General Contracting (excluding below)	£
Ground Crop Spraying - Salad and Fruit Crops	£
Ground Crop Spraying - All others	£
Controlled Droplet Application - Salad and Fruit Crops	£
Supply of Agrochemicals and Fertilisers excluding manufacturing and mixing	£
Supply of Agrochemicals and Fertilisers including manufacturing and mixing	£
Machinery sales where rights of recovery against UK manufacturers exist	£
Land Drainage	£
Seed Treatment	£
Sale/Supply of Seeds including Treatment and Dressing	£

C GENERAL QUESTIONS

The following questions must be answered in all cases:

1. Have you been prosecuted during the last 5 years under any Health & Safety Legislation? Yes No

If 'Yes' give details including Date and Outcome

2. Has any Insurer ever declined to Insure you or refused to renew or terminate any of your insurances ? Yes No

If 'Yes' give details including Reason and Name of Insurer

3. Give name(s) of present Liability Insurer(s) and Expiry Date(s) of cover:

4. Have you or any of your Directors or Partners ever been convicted of or charged with (but not yet tried for) a Criminal Offence other than a Motoring Offence? Yes No

If 'Yes' please give details

5. Have you become aware during the last 5 years of any injury to or death, disease or illness arising out of your Business of:

- a) Employees ?
b) Members of the Public or damage to their property ?

If 'Yes' in either case please give details

Brief Circumstances	Date	Amount Paid	Amount outstanding

6. Does the Proposer undertake work away from their own premises? Yes No

If YES, where does the Proposer work?

- a) At heights above 10 metres Yes No
b) At depths below 1 metre Yes No

If YES to a) and b) - specify limits

a

b

7. Does the Proposer have a written Health & Safety Policy? **This is compulsory if the number of employees exceed 5.** Yes No

If NO, who is responsible for safety?

8. Give details of working procedures: Are instructions given by employer for each separate contract? Yes No

9. Has the Proposer ever won any Health & Safety awards, or are they approved to BS5750 standard or similar? Yes No

Please state

10. a) What proportion of the wage roll relates to:
i. labour only, subcontractors or temporary staff % -----
ii. trainees % -----

- b) Give details of experience/qualifications of labour only, subcontractors and temporary staff:

11. When was the business established?
If less than 5 years, please state experience in running a business:

12. Who are the Proposer's main customers?

13. Is the business: (delete as applicable)

- | | | |
|--------------|------------|-----------|
| a) Expanding | Yes | No |
| b) Static | Yes | No |
| c) Declining | Yes | No |

D YOUR REQUIREMENTS

Do you require:

a) Employers Liability ? (Limit of Indemnity £10,000,000) Yes No

b) Public/Products Liability ? Yes No

If 'Yes' state Limit of Indemnity required

c) Additional cover? Yes No

If 'Yes' please give details

d) Date from which cover is to commence

E POLLUTION

1. a) Do you store liquid pesticides, including sheep dip? Yes No

i) Does the store comply with COSHH/HSE requirements? Yes No

ii) Maximum volume stored? State quantity

b) Do you apply it yourself ? Yes No

Has the person carrying out the spraying work been trained under the Control of Pesticides Regulations in the safe use of handling and storage?

Yes No

2. Do you store liquid fertilisers? Yes No

If YES, what physical protections do you have to prevent the substances escaping?

3. Please supply the name, nature and volume of any other noxious substances stored, including fuel oil:

Is a catchpit/bund wall provided for fuel oil tanks?

Yes No

4. What physical protections and working practices are used to prevent those substances escaping?

5. Please supply details of contingency plans in the event of escape of noxious substances:
6. Please supply details of land/property surrounding or adjacent to insured site or premises:
7. Proximity to any watercourses (including underground water where known)
9. Details of any previous incidents or complaints about pollution or contamination, irrespective of whether insurance applied:
10. Please state whether or not any sites or premises are leased or rented to the Insured, and, if so, the use to which they are put:
11. The length of time each site or premises has been occupied:

ASBESTOS

Current Approach to Asbestos

1. Does your company currently hold any form of asbestos licence? Yes No
2. If your company comes into contact with asbestos or asbestos containing materials:
- a) will work stop and a licenced sub-contractor be employed to deal with any such material? Yes No
- b) will a licenced sub-contractor be employed to deal with any such material that does not require a licence? Yes No
- c) will your company check that the licenced sub-contractor has PL insurance including an indemnity to principal clause and no asbestos exclusions or restrictions exist? Yes No

If Question 1 is "Yes" and or any part of Question 2 is "No", there is no need to complete the remaining questions

Approach to Asbestos During the Past Ten Years

3. Has your company in the last 10 years:
- a) held any form of asbestos licence? Yes No
- b) worked with asbestos or asbestos containing materials where an asbestos licence was not required? Yes No

If both parts of Question 3 are "No", there is no need to complete the remaining questions on page 6

4. Please outline the nature of the work involved i.e. removal, repair, encapsulation, modification (drilling, cutting etc.), and the type of material on which this work was carried out i.e. asbestos-cement sheet, floor tiles, gaskets etc.

5. Please indicate the frequency and duration of this work over the 10-year period. If specific details are not readily available, please provide estimates or details of 'typical' work done.

6. Please provide details of any person known to have been exposed to the risk of inhalation or ingestion of asbestos fibres as a result of your company's work over the 10-year period (details may be available from your company's accident records or COSHH records).

7. Please provide details of any enforcement action taken against your company by the authorities (HSE etc.) relating to your company's work with or on asbestos or asbestos-containing materials.

8. Please provide details of your company's most recent procedures/control measures aimed at ensuring that the risk of exposure of people (site workers and others) to asbestos fibres is properly controlled. For example the relevant sections of Health and Safety Manuals, Work Instructions, Method Statements, Risk Assessments, compliance records, etc.

PLEASE READ THE FOLLOWING

PERSONAL DATA

The insurer for policies underwritten under this scheme is detailed in your policy schedule. Geo Underwriting Services Limited administers it on their behalf.

To set up and administer your policy the insurer and Geo Underwriting Services Limited will hold and use information about you supplied by you. They may send it in confidence for processing to other companies acting on their instructions including those located outside the European Economic Area.

Geo Underwriting Services Limited may also send you details of their other products and services. Please tick this box if you do not wish to receive such details

The insurer will treat your personal data fairly and lawfully in accordance with the Data Protection Act 1998.

CUE

Insurers pass information to the Claims and Underwriting Exchange register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. When you tell us about an incident (such as a fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register. You can ask us for more information about this.

LAW APPLICABLE

Unless the parties have agreed otherwise in writing any dispute concerning the interpretation of this Insurance shall be governed and construed in accordance with English law and shall be resolved within the non-exclusive jurisdiction of the courts of England and Wales.

IPT (Insurance Premium Tax)

The Finance Act 1994 requires us to levy Insurance Premium Tax at the prevailing rate on insurance business. For further information, please ask your broker or AIUA

IMPORTANT NOTICE CONCERNING FAIR PRESENTATION OF THE RISK

You must make a Fair Presentation of the Risk. A Fair Presentation of the Risk is one 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, and are the facts the underwriter may wish to know in deciding whether to underwrite the risk and/or the terms upon which to underwrite the risk. They may be relevant either to the physical risk or to the personal background and characteristics (including financial) of You and/or any director, partner, officer and/or principal of Your business. Failure to make a Fair Presentation of the Risk could result in your policy being invalidated.

Should you be in any doubt as to whether information is accurate or material then you must disclose it to us.

I/We have read this proposal and understand I/We are under a duty to make a Fair Presentation of the Risk and that failure to do so could result in my/our policy being invalidated and/or a claim not being paid in full.

I/We have made all reasonable enquiries so that all material representations as to a matter of fact are substantially correct and every material representation as to a matter of expectation or belief are made in good faith.

Signature

Date

DD/MM/YYYY

We recommend that you should keep a record including copies of letters and this Proposal Form of all information supplied to us for the purpose of entering in to this Insurance Contract.

Arranged by AIUA and the insurer detailed in your policy schedule

AIUA

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