

## Liability – Quotation Request

To save you time we have kept this form as brief as possible. Use the tab key to move through the form. If you do not know the answer, please state “unknown”. When complete, kindly save as your surname and email to [enquiries@edisonfordinsure.co.uk](mailto:enquiries@edisonfordinsure.co.uk)

### Tell us about you/ your business

Title	<input type="text"/>
Your first name/s	<input type="text"/>
Your Last name	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> DD/MM/YYYY
Business name	<input type="text"/>
Business Address name or number	<input type="text"/>
Street	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Post code	<input type="text"/>
Contact telephone number	<input type="text"/>
Website address (if you have one)	<input type="text"/>
Nature of business	<input type="text"/>
Description of type of work you undertake	<input type="text"/>
Number of years in business	<input type="text"/>

### Indemnity limits required

Public / Products liability	<input type="checkbox"/> £1M <input type="checkbox"/> £2M <input type="checkbox"/> £5M <input type="checkbox"/> £10M
Employer's liability	<input type="checkbox"/> £10M

### Health and Safety Questionnaire

Do you have a written health and safety policy statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the company have a specifically trained director or employee responsible for health and safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is health and safety training given to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a record of the health and safety training given to staff recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the health and safety audited by an external company and adherence to the audit completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a record kept of health and safety risk assessments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are competency assessments made and recorded for all potential employees and sub-contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you undertake any work in or on any of the following: docks, harbours, railways, watercraft, offshore gas or oil installations, chemical or petrochemical works, oil or gas refineries or storage facilities, aircraft airports or airfields, power stations, nuclear power stations, any installation where nuclear processing is undertaken, towers, steeples, chimney shafts, blast furnaces, viaducts, bridges, flyovers, dams, motorways, quarries or mines?

Yes  No

If yes,	Structure/Place? Activities Undertaken
---------	---

Is your business a member of an external trade association which provides Health and Safety information and training?

Yes  No

If yes, which association?

Do you use/handle goods known to be potentially harmful to health or that require a hazard warning?

Yes  No

If yes, which goods?

Does your work involve tiling, slating or felting of roofs?

Yes  No

If yes,	type of work % of work
---------	---------------------------

Is any work undertaken in Eire or outside the UK?

Yes  No

If yes,	Where? % of Turnover? Activities Undertaken
---------	---

### Fire risks

What percentage of your work on site involves the use of heat?

%

What form of heat is used?

eg. Blow lamp, etc.

Is a hot work permit system in operation for activities involving the use of heat?

Yes  No

### On site safety and security

Does the company's site safety and security involve any of the following:

Materials storage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waste control and removal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assessment and effective control of pollutants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Control of access/egress to site of visitors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hygiene and welfare standards for employees	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service and maintenance records for all plant and machinery	<input type="checkbox"/> Yes <input type="checkbox"/> No
The supply of and ensuring the use of personal protective equipment by employees	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensuring that the control of substances hazardous to health regulations are adhered to	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full site perimeter fencing and boarding	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special arrangements made for the securing of valuables and equipment outside of working hours.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Larger items of plant coded or fitted with tracking devices.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is plant registered with the equipment register.	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Contracts, sub-contractors and work force

Percentage of work carried out above 10 metres?	<input type="text"/> %
Percentage of work carried out below 2 metres?	<input type="text"/> %
Type of locations normally worked at, eg. City Centre, shopping centre, rural, etc.	<input type="text"/>
Under which written contract conditions do you normally work?	<input type="text"/>
Does the company use bona fide sub-contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what type of work? <input type="text"/>
Do you record the insurance arrangements of bona fide sub-contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For what percentage of your work are you the main or sole contractor?	<input type="text"/> %

### Percentage of work

Please state the percentage of work carried out in the following areas.

Domestic and offices	<input type="text"/> %
Warehouses/manufacturing	<input type="text"/> %
Educational and medical	<input type="text"/> %
Recreational/leisure	<input type="text"/> %

### Salary/wage roll

Role within company	Annual Salaries/wages	% Heat work	Number of employees
Clerical and non-manual	£		
Direct manual employees – at own premises	£		
Direct manual employees – work away	£		
Woodworking machinists	£		
Labour only sub-contractors – at own premises	£		
Labour only sub-contractors – work away	£		
Bona fide sub-contractors – at own premises	£		
Bona fide sub-contractors – work away	£		
Proposer/Director's own manual wages – at own premises	£		
Proposer/Director's own manual wages – work away	£		
Other	please describe	£	
Other	please describe	£	

### Gross annual turnover

United Kingdom	<input type="text"/> £
USA/Canada	<input type="text"/> £
European Union	<input type="text"/> £
Rest of World	<input type="text"/> £

### Contractors All risks

A section of a policy that covers all risks associated normally to a construction project.

Maximum value of any one contract	£
Total value of company owned plant	£
Highest value of any one single company owned plant item.	£
Payments made per year for hired-in plant.	£

### Claim history (within last 5 years)

Claim 1 -	Date	
	Circumstances	
	Payments Made	£
	Outstanding payments	£
Claim 2 -	Date	
	Circumstances	
	Payments Made	£
	Outstanding payments	£
Claim 3 -	Date	
	Circumstances	
	Payments Made	£
	Outstanding payments	£

### Additional information

Has any Principal or Director of the Company:

Ever been refused insurance or had any special terms or conditions imposed by an insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been convicted or pending for an offence involving fraud, arson, theft, wilful damage or handling stolen goods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been declared bankrupt, subject to bankruptcy proceedings, insolvency, winding up, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been prosecuted or awaiting intended prosecution under any health and safety at work act?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Existing insurance details

Who are you currently insured with?	
What is the renewal date of your current policy?	
What is your renewal premium?	£
Premium of best quotation received	£
Name of insurer providing best quotation	