



Application for

Combined Liability Insurance

This application form must be completed signed and dated by your Principal, Director or Partner

Please ensure that all questions are answered in full and that where further details are requested or there is insufficient space available in the application form any relevant additional information is provided in the box on the last page

All material facts must be disclosed to us whether or not they are the subject of a specific question herein and you have a continuing duty to disclose such facts to us throughout the duration of the period of insurance. Failure to make such disclosures may prejudice your rights in the event of a claim or render the policy avoidable or cover reduced

Proposer Details

Full Trading Title (including full names if individuals or partners)

Trading Address (including postcode)

Postcode

Please provide details of any other Trading Addresses on separate sheets

Correspondence Address (if different from Trading Address above)

Postcode

Business Description (please provide a full description of all your business activities)

Split of business activities within the following areas:

Private / Domestic	%
Commercial	%
Industrial	%

Date Business Established

Website*

* (Your website content will not be deemed to form part of this application form unless supplied in hard copy form and attached to this proposal form)

Have you changed your name or been part of a merger de-merger or joint venture or have there been any material changes to your activities in the past 6 years? If YES please provide full details

YES

NO



Name of Current Insurer

Period of Insurance

From: To:

Liability

1 General Information

Please specify any accreditations: (ie: ISO9000 series, IIP)

2 SafetyPolicy

(a) Is there a safety policy? YES NO

(b) What is the date of the last review of the safety policy?

(c) When was it last communicated to all employees?

(d) If there are more than 5 employees, is the policy in writing and signed? YES NO

3 Knowledge of health & safety

Is there a safety officer or person responsible for health and safety issues? YES NO

If **YES**, give details of formal training given to the person, If **NO**, give details of external advice you obtain

4 Risk assessment

(a) Have all the required risk assessments been carried out and recorded? YES NO

(b) When was the last risk assessment carried out?

5 Training

(a) Please give details of what the health and safety training is given to employees:

(b) Is training recorded? YES NO

6 Workplace inspections

(a) Is there a system for the inspection of all parts of the workplace on a regular basis in order to identify defects and hazards and to ensure any corrective actions is taken? YES NO

(b) How often are inspections carried out?



Employers' Liability

7 (a) Is cover required ?

YES NO

(b) Indemnity Limit £10m – if you require a different limit please enter amount

£

(c) Do you work at or on any power stations, nuclear installations or establishments, refineries, bulk storage or production premises in the oil, gas or chemical industries, offshore structures, aircraft, aerospace or watercraft, railways, airports or work underground or underwater?

YES NO

If YES please give full details

8 Employer's Reference Number(s)

Company Name	Parent (P) Subsidiary (S)	ERN Number	Exempt? Yes(Y) No(N)	Exempt Reason 1, 2 or 3 Please select from below
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. The entity has no employees
2. All staff employed earn below the current Pay As you Earn (PAYE) threshold
3. The company is not registered in England, Wales, Scotland or Northern Ireland

Public Liability

9 (a) Is cover required?

YES NO

(b) Indemnity limit required (£)

(c) Number of premises

10 Work Away

(a) Is work undertaken away from own premises?

YES NO

(b) If YES, please describe the nature of such work

(c) Do you work at or on any power stations, nuclear installations or establishments, refineries, bulk storage or production premises in the oil, gas or chemical industries, offshore structures, aircraft, aerospace or watercraft, railways, airports or work underground or underwater or work on mainframe computer rooms ?

YES NO



Products Liability

11 (a) Is cover required?

YES NO

(b) Indemnity limit required (£)

Wages and Turnover

12 (a) Please give your wage roll breakdown

Description	Wage roll/ payments to employees or sub contractors	No. of employees	Payments to proprietors, partners, directors	Work above 10m? If yes, enter % & max height			Work below 1m? If yes, enter % & max depth		
				Yes / No	%	Max height	Yes / No	%	Max depth
Clerical and administration									
Non manual site work					%			%	
Use of fixed woodworking machinery									
Premises bases manual									
Work away manual excluding the use of heat*					%			%	
Work away manual including the use of heat*					%			%	
Labour only sub contractors excluding the use of heat*					%			%	
Labour only sub contractors including the use of heat*					%			%	
Bona fide sub contractors excluding the use of heat*					%			%	
Bona fide sub contractors including the use of heat*					%			%	
Other workers – please describe activities									
						%		%	
						%		%	

Does any of the above include work overseas, offshore or on vessels or craft?

YES NO

If YES, please give full details:

* Use of heat is defined as being the use of:

1. electric oxy-acetylene or similar welding or cutting equipment
2. cutting or grinding equipment using abrasive disks or wheels
3. blowlamps or blow torches
4. molten metal asphalt bitumen tar or pitch heaters
5. thermic lances



(b) Please give the split in estimated turnover for the next 12 months

Activity/Goods	Turnover		
	To USA/Canada	To UK	To Rest of World
Total			

(c) Annual cost of materials

£

Disclosure

You are not required to disclose convictions regarded as 'spent' by virtue of the Rehabilitation of Offenders Act 1974. All other material facts must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us. We recommend you keep a record (including copies of letters) for your future reference, of any additional information given. Making sure we are informed is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or will perhaps invalidate the policy.

13 Claims History

Please provide details of all incidents which have or could have resulted in a claim during the past 10 years

Date	Payments (£)	Estimate (£)	Details

If there have been further claims, please provide full details under 'Additional Information' on the next page

14 Have you, your present or former Directors, Partners or family members involved with this or any other business or living with you ever:

	YES	NO
(a) had any previous request for insurance declined or had a previous policy or certificate cancelled voided or had any punitive conditions imposed?	<input type="checkbox"/>	<input type="checkbox"/>
(b) been made personally bankrupt or been personally involved with any business which has been placed into receivership liquidation or been wound up at the request of its creditors ?	<input type="checkbox"/>	<input type="checkbox"/>
(c) sustained any claims for dishonesty	<input type="checkbox"/>	<input type="checkbox"/>
(d) been convicted of any offences other than a motoring offence which carries a fixed penalty?	<input type="checkbox"/>	<input type="checkbox"/>
(e) been the subject of any County Court Judgements or Court Decrees ?	<input type="checkbox"/>	<input type="checkbox"/>
(f) been subject to any HSE prohibition or improvement notice ?	<input type="checkbox"/>	<input type="checkbox"/>



Declaration

I/we declare that the above answers statements particulars and any additional information are true to the best of our knowledge and belief.

I/we confirm that all material facts have been disclosed and this proposal makes fair presentation of the risks posed to insures

I/we understand and agree that this application form shall be the basis of the contract with Air Underwriting

Signature of Principal/Director/Partner:		
Name	Position	Date

Please retain a copy of this application form for your records

Data Protection – Privacy Notice

For the purposes of the Data Protection Act 2018, the Data Controller in relation to any personal data that you supply is R K Henshall and Co Ltd trading as Air Underwriting

Where we arrange an insurance contract for you, the use of your data is necessary for you to enter into the contract and for the insurance to operate.

If you do not provide the information required, we are unlikely to be able to arrange your insurance and may not be able to do any other business with you.

Although we refer to you, we may also collect personal data relating to people working for you or for whom you work as well as parties who make claims against you.

All personal data will be held subject to this policy irrespective of the source.

Insurance Administration

It is Air Underwriting's policy only to process that personal information which is essential to the underwriting of each insurance product requested and it will only process your data for the purposes of insurance administration at all times in a lawful manner.

Your information will also be used for the purposes of insurance administration by the relevant insurer and its associated companies and agents, by their reinsurers and by your insurance intermediary.

It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing Air Underwritings or the insurer's compliance with any regulatory rules or codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention.

It may be transferred to any country (including countries outside the European Economic Area) for any of these purposes and for systems administration.

Where this happens, we will ensure that anyone to whom we pass your information agrees to treat the information with the same level of protection as if we were dealing with it.

If you give us information about another person, in doing so, you confirm that they have given you permission to provide it to us and for us to be able to process their personal data (including any sensitive personal data) and also that you have told them who we are and what we will use their data for as set out in this notice.

In the case of personal data with limited exceptions the data subject has the right to access and if necessary rectify information held about them you or they may have the right to object to or restrict our processing of your or their personal information, however, if you or they do, we may be unable to continue to provide services to you and this may mean that we are unable to process your enquiry or claim or that your insurance cover will stop. Additionally, you or they may require us to erase such data from our records. In all instances such request should be sent to the Managing Director using the contact details below.



AIR UNDERWRITING

In assessing any claims made the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments bankruptcy orders or repossessions).

Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

Credit Searches and use of Third Party Information

To ensure we have the necessary facts to assess your insurance risk and verify your identity or to help prevent fraud and provide you with our best premium and payment options it may be necessary for us to obtain information relating to you and your business from third parties at quotation and renewal and in certain circumstances where policy amendments are requested.

This information may include a quotation search from a credit referencing agency which will appear on your credit report and will be visible to other credit providers It will be clear that this is an insurance quotation rather than a credit application by you to pay by monthly instalments.

Sensitive Data

In order to assess the terms of the insurance contract or administer claims that arise we may need to collect data that the Data Protection Act 2018 defines as sensitive (such as medical history or criminal convictions).

1Data Retention

We only process personal data where it is necessary to do so for the purpose of general insurance intermediation and it is currently our policy to hold such data indefinitely to guarantee that we are able to reply promptly and accurately to any query that may arise in the future.

Automated Decision-Making

We utilise automated decision-making in certain cases (where we transact business online) but the cover and risk selection criteria are the same as we deploy offline and decisions are reinforced manually in all cases post-sale.

We do not undertake automated client profiling and you always have the right to have your policy underwritten offline if you wish to opt out of automated decision-making, but this may mean that your insurance costs more because of the increased cost of servicing business in this way.