



Liability Proposal Form Pest Control

Underwritten by QBE Insurance (Europe) Limited





Liability Proposal Form for the Pest Control Industry

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PLEASE COMPLETE AND RETURN TO:

Sutton Specialist Risks Ltd, Bull Wharf, Redcliff Street Bristol BS1 6QR
Tel: 0117 930 0100 Email: info@ssr.co.uk Website: www.ssr.co.uk

DISCLOSURE:

In completing this Proposal Form it is very important that you disclose fully & accurately all material facts, as failure to do so may result in this insurance being declared void.

Material facts are those which may effect an Insurers assessment of the risk to be insured. If you have any doubt as to whether something is a material fact you should provide full details on this proposal form.

IMPORTANT: PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS IN FULL AND WHERE APPLICABLE TICK THE APPROPRIATE BOX

A YOUR DETAILS

1. **Full name of Proposer** including any trading names and all subsidiaries:

ERN Number

Subsidiary company names

ERN Number

2. **Address:**

Postcode (Must be provided)

3. **Telephone:**

4. **Email:**

5. **Website:**

6. **Date established:**

If trading for less than 12 months, please provide full details of the relevant experience of the directors/ principals, including the names of the previous companies worked for:

7. **Tick any trade association or regulatory body you are a member of:**

The British Pest Control Association (BPCA)

The National Pest Technicians Association (NPTA)

Other (please confirm)



B YOUR BUSINESS

8. Business Description (give the fullest possible description of all activities undertaken):

(Note: cover will only apply to the business defined above)

C YOUR BUSINESS PLANS

9. a. Estimated total Turnover for the next 12 months

b. Amount of your turnover relating to the sale of products

c. Total number of employees

10. Please provide approximate split in estimated wage roll for each business activity:

Type of Work	Directors, principals & partners wages (£)	Own employees and labour only sub contractors wages (£)	Bona Fide Sub Contractors payments (£)
Clerical, administrative, managerial and all other non- manual work	£	£	£
Work at ground level			
Work at height (excluding use of slings / cradles / abseiling / rope access methods)			
Work at height using slings / cradles / abseiling / rope access methods)			
Any Other – Please list below			

11. Do you use firearms (if so, please also answer questions 11 a -e)

Yes No

a. Who holds the firearms licenses?

b. What training they have received?

c. How the firearms are stored?

d. What percentage of the total wages relate to the use of firearms?

 %

e. If you use of firearms please tick this box to confirm that these are only used in accordance with the requirements of The Wildlife and Countryside Act 1981, The Ground Game Act 1880, the Pests Act 1954 & The Protection of Badgers Act 1992. I confirm.



D YOUR INSURANCE REQUIREMENTS

12. Public Liability/Products Liability:

incorporating as standard:

- Failure to perform (inefficacy)
- Defective workmanship
- Treatment risks
- Damage to property being cleaned
- Damage to third party plant being operated
- Damage to property being worked upon (where third party property damage has occurred)
- Failure to secure premises
- Legionella (£1m limit)
- Terrorism cover (up to the PL limit selected)
- Temporary removal of customers goods
- Liability arising from accidental exposure to asbestos products

Limit of Indemnity (tick required option) £1m £2m £5m Other £

13. Optional Extensions:

Standard limits

		Yes	No
Use of Firearms	£1,000,000	<input type="checkbox"/>	<input type="checkbox"/>
Loss and/or Consequential Loss of Keys	£75,000	<input type="checkbox"/>	<input type="checkbox"/>
Financial Loss including Products	£500,000	<input type="checkbox"/>	<input type="checkbox"/>
North America (Products)	£1,000,000	<input type="checkbox"/>	<input type="checkbox"/>
Misuse of Telephones	£50,000	<input type="checkbox"/>	<input type="checkbox"/>
Fidelity Bonding	£100,000	<input type="checkbox"/>	<input type="checkbox"/>
Temporary removal of customers property	£25,000	<input type="checkbox"/>	<input type="checkbox"/>

Please note higher limits are available upon request

14. Is Employer's Liability cover required?

15. Professional Indemnity

Please note that if selecting a limit above £500,000, a separate PI proposal form will be required

Limit of Indemnity (tick required option) £100,000 £250,000 £500,000 Other £

16. Directors and Officers Liability

A free limit of £100,000 is automatically provided (subject to eligibility) though we can provide quotes for higher limits

Limit of Indemnity (tick required option) £100,000 Other £



E GENERAL QUESTIONS

		Yes	No
17.	Do you undertake any crop spraying?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Do you undertake any soil treatment?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Height work		
	a. In respect of work at height are all employees fully trained and issued with the appropriate safety equipment and is this documented?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Do your ladders comply with the relevant BS standard?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Do you undertake any work above 16m in height?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Depth work		
	a. Do you undertake work or supply goods at a depth exceeding two metres?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Do you undertake any work in confined spaces?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, do you use breathing apparatus?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Heat work		
	Do you undertake any work which involves the use of LPG blow lamps, LPG cutting equipment, Oxyacetylene, Arc, MIG or TIG welding (away from your your own premises)?	<input type="checkbox"/>	<input type="checkbox"/>
	(If yes please answer questions 21 a & b)		
	a) percentage of your turnover and wages for this work?	<input type="text"/>	%
	b) what proportion of the work is undertaken by bona fide sub contractors?	<input type="text"/>	%
22.	Hazardous Locations		
	Do you undertake work (or supply goods) on-board ships, offshore, airside, at chemical or petrochemical works, nuclear installations, bulk oil or gas storage facilities (other than retail shops or offices)?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please give full details including:		
	a. percentage of your turnover and wages for this work?	<input type="text"/>	%
	b. which hazardous locations do you work at, and what does the work involve?		
	Details:		
23.	Rail side work	Yes	No
	Do you work on or alongside railway tracks being designated 'green' or 'red' as defined by the office of Rail Regulation?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes to either of the above questions, are your staff required to hold PTS cards to perform rail side work?	<input type="checkbox"/>	<input type="checkbox"/>



24. Overseas work

Do you carry out any work overseas?

If yes, what percentage of your total turnover relates to work in:

Republic of Ireland

 %

Europe

 %

North America / Canada

 %

Rest of World other than North America and Canada (Please specify which regions below)

 %

Details:

F HEALTH AND SAFETY QUESTIONS

Yes **No**

25. Do you have a written Health & Safety Policy as required by the 1974 Health & Safety at Work Act?

26. Are all employees issued with suitable protective clothing and equipment and do they sign to confirm receipt?

27. Are risk assessments and method statements carried out for all contracts?

28. Are hazard sheets used for all contracts involving pesticides and/or fumigants?

29. Do you carry out COSHH assessments where applicable?

30. Do you use, handle, store or transport any hazardous substances such as explosives, toxic or corrosive chemicals, siliceous materials, gases, asbestos, isocyanates, radioactive, substances or any materials giving rise to dust, fumes or vapours?

31. If you have answered no to questions 25 – 29 or yes to question 30, please provide a full explanation:

Details:



G YOUR BUSINESS HISTORY & CLAIMS EXPERIENCE

Yes No

- 32. Have you or any director or partner ever had any claim made against you in the last 5 years (whether insured or not), in respect of the insurances for which you are now proposing?**

If YES, please provide the following details, including the present position on any claims outstanding against you:

Years	Brief details & type of claim	Amount paid (£)	Amount outstanding (£)

- 33. Have you or any director or partner ever:**

- a) Been prosecuted under the Health & Safety at Work Act 1974, the Consumer Protection Act 1987 or any other legislation relating to the health & safety of your employees?
- b) Been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence?
- c) Been concerned with any business which has been wound up, liquidated, dissolved or ceased to trade?

If you have answered YES to any of these questions, please provide full details below:

- 34. Are you aware of any incidents which have given or may give rise to a claim for financial loss?**

- 35. Has any insurer ever declined to insure you, cancelled or refused to renew your insurance?**

If you have answered YES to either of these questions, please provide full details below:



36. Professional Indemnity Insurance Declaration

AFTER ENQUIRY, there have been no known or reported losses or circumstances which could give rise to a claim
AND
the percentage of Turnover relating to pure design, advice, surveying,
training & consultation carried out for a fee does not exceed 10%.

PLEASE TICK HERE TO CONFIRM THIS DECLARATION IS CORRECT

37. DIRECTORS' & OFFICERS' LIABILITY INSURANCE DECLARATION

The authorised representative of the firm or company stated above declares that:

1. The firm or company is not a sole trader, partnership or listed on a stock exchange
2. The last consolidated annual accounts had a positive net worth (total assets exceed total liabilities)
3. The firm or company is able to pay its debts as they fall due
4. The firm or company have been trading for not less than 24 months
5. The last audited accounts have an unqualified audit opinion (if applicable)
6. There are no circumstances that might reasonably be expected to give rise to any claim against any of the Directors or Officers of the firm or company
7. There have been no claims against any of the Directors (including past Directors) or Officers of the firm or company or any of its subsidiaries in the last 5 years
8. A full enquiry of all Directors and Officers of the Company and its subsidiaries has been undertaken prior to affirming that the above statements are correct.
9. There are no other facts that may influence the insurer's decision to accept this risk or the terms upon which the risk is accepted.
10. No other Directors and Officers insurance is in force covering the same risk or any part of the risk.

Declaration

As an authorised representative of the firm or company applying for insurance I understand that:

- A. this declaration is made on behalf of the firm or company named above and is deemed to include all their subsidiary companies; and
- B. by accepting the insurance I am affirming, on behalf of all Directors, officers and the firm or company, that the above statements are true and that QBE has accepted this statement of fact as the basis for the policy and will be considered as being incorporated into the policy as a condition precedent to inception; and
- C. I am authorised to affirm this statement of fact on behalf of all Directors and Officers of the firm or company and its subsidiaries.

PLEASE TICK HERE TO CONFIRM THIS DECLARATION IS CORRECT

H CURRENT INSURANCES

38. Name of Last/Present Insurer: (must be provided)

39. Policy Number(s) (must be provided)

40. Expiry Date of current Policy

41. Expiring Premium £



IMPORTANT

IT IS UNDERSTOOD AND AGREED THAT WE MAY HOLD DOCUMENTS RELATING TO THIS INSURANCE AND ANY CLAIMS UNDER IT IN ELECTRONIC FORM AND MAY DESTROY THE ORIGINALS. AN ELECTRONIC COPY OF ANY SUCH DOCUMENT WILL BE ADMISSIBLE IN EVIDENCE TO THE SAME EXTENT AS, AND CARRY THE SAME WEIGHT AS, THE ORIGINAL.

DISCLOSURE

Material facts must be disclosed. These are facts which an insurer would regard as likely to influence the acceptance and assessment of the proposal. If you are in any doubt about what you should disclose, do not hesitate to tell us or your insurance adviser. Making sure we are informed is for your own protection as failure to disclose all material facts may invalidate your cover or result in your policy not operating fully. Please keep copies of all communications in respect of information supplied for the purpose of entering into this contract. If requested a copy of the proposal form will be provided.

ANTI-FRAUD WARNING

It is important that care is exercised in the completion of this form. Some or all of the information which you supply to Insurers in connection with this insurance will be held by the Company on computer and may be passed on to other parties for underwriting and claims handling purposes and to prevent fraudulent claims.

DECLARATION

I/We declare that to the best of my/our knowledge and belief this proposal form has been completed correctly and nothing material affecting any of the risks proposed has been concealed. I/We agree to accept insurance subject to the terms and conditions of the Company's policy and that the insurance will not be in force until this proposal has been accepted by the Company. I/We further agree to provide such declarations of actual wages and turnover at the end of the period of insurance as may be required, and to pay any additional premium due.

***THIS PROPOSAL MUST BE SIGNED BY AN AUTHORISED REPRESENTATIVE OF THE COMPANY SUCH AS PARTNER, DIRECTOR OR COMPANY SECRETARY.**

Name in capitals:

Signed:

Date:

Position:



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