

XSSR Excess of Loss Liability



Proposal Form for XSSR Excess of Loss

Underwritten by QBE

DISCLOSURE AND DUTY OF FAIR PRESENTATION

This Questionnaire records the information notified to Us about You, Your Business and Your Business partners and directors. It must be read in conjunction with the written quotation, Statement of Fact & policy wording, as together they form a record of Our contract with You and the information which has been taken into account when calculating the premium, terms and conditions upon which Your policy is based.

Please remember that a fair presentation of the risk must be given. Failure to do so may prevent part or all of a claim being paid and could render the policy invalid. If you are unsure whether or not information applies to giving a fair presentation, it should be disclosed to the insurer.

It is very important that the information noted in the Statement of Fact remains up to date and is correct – if it is not then we may not pay your claim, we may void your policy or impose additional conditions, charge an additional premium and reduce your claim proportionately (please read Remedies for breach of Duty of Fair Presentation).

If there have been any changes in circumstances that have arisen since this insurance was taken out or last renewed, please inform your insurance adviser.

You should keep a record (including copies of letters) of all information supplied to the insurer for the purposes of the renewal of this insurance.

You must check all the information contained in the Statement of Fact and the Schedule and contact Us immediately if any details are incorrect or incomplete. Failure to do so may mean that Your policy is not valid or We may not be liable to pay your claim(s).

Any subsequent alterations (as noted in the Statement of Fact) take precedence over the information noted in this form.

Please note that the following activities are excluded under this facility;

- Any medical malpractice or abuse covers
- Tour operators
- Marine liabilities
- Aircraft products
- Aircrew
- Local authorities, water authorities, NHS Trusts, health and education authorities
- Operation of rail services/tram services/airport or aircraft services
- Landfill sites
- Work in safety critical areas of nuclear sites
- Manufacture or use of explosives or firearms
- Underground mining activities
- Blood products
- Electro Magnetic Field (EMF)
- E-Cigarettes and tobacco
- Any client where door supervision forms more than 30% of their turnover
- Operation of trampoline parks or other high-risk leisure activities

Please send your proposal form to info@ssr.co.uk

If you need any assistance, please speak to our team on **0117 9 300 100**.

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.

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

A: GENERAL INFORMATION OF THE INSURED

Company Name:

Business Description:

Turnover (£) (Next 12 months)

Address

Postcode (Must be provided)

Telephone

Email

Website

Date established DD

MM

YYYY

B: INSURANCE REQUIRED

Inception Date:

DD

MM

YYYY

EXCESS EMPLOYERS' LIABILITY

Is Excess Employers' Liability Insurance Required?

Yes

No

Primary Layer Insurer:

Primary Policy Number:

Primary Insurer EL Premium (£):

Primary Insurer EL Limit (£):

Is there a layering arrangement in place?

Yes

No

If **Yes**, please provide details of the layering arrangement:

1st Excess Limit Required (£):

2nd Excess Limit Required (£):

Total wage roll (next 12 months) (£):

Total number of employees:

Maximum number of employees in one location

EXCESS PUBLIC LIABILITY

Is Excess Public Liability Insurance Required? Yes No

Primary Layer Insurer:

Primary Policy Number:

Primary Insurer PL Premium (£):

Primary Insurer PL Limit (£):

Is there a layering arrangement in place? Yes No

If **Yes**, please provide details of the layering arrangement:

1st Excess Limit Required (£):

2nd Excess Limit Required (£):

C: ACTIVITIES QUESTIONS

Are you involved with any of the following risks/activities?

Work with asbestos Yes No

Work at height exceeding 25 metres Yes No

Any turnover emanating from work in North America Yes No

Overseas domiciled operations outside of the United Kingdom Yes No

Work outside the UK where sanctions apply or the FCO advise against all travel Yes No

Offshore work Yes No

Medical or pharmaceutical products or services Yes No

Demolition contracting Yes No

Rail contracting involving Open Line Working Yes No

Piling, underpinning or tunnelling Yes No

Automotive/marine/rail safety critical products Yes No

Work in safety critical areas of chemical, gas or petrochemical sites Yes No

Depth work exceeding 5 metres Yes No

Heat work involving over 15% of turnover Yes No

If any of the above are answered **Yes**, please provide further details, including turnover splits for these types of hazardous activities:

D: CLAIMS AND DIRECTORS INFORMATION

Do the client's total claims in the past 5 years for the proposed insurance(s) exceed £250,000 from the ground up? **Yes** **No**

If **'Yes'**, please provide full claims information:

Have any of the underlying Insurers opted out of the provisions of the Insurance Act 2015? **Yes** **No**

Has any proposer, director or partner of the business ever: **Yes** **No**

Been concerned with any business which has been wound up, liquidated, dissolved or ceased to trade **Yes** **No**

Been declared bankrupt or insolvent **Yes** **No**

Been prosecuted under the Health and Safety at Work Act 1974, the Consumer Protection Act 1987 or any other legislation relating to the health and safety of your employees **Yes** **No**

Been subject of bankruptcy proceedings **Yes** **No**

Had a proposal refused or declined **Yes** **No**

Had a renewal refused **Yes** **No**

Had an insurance cancelled **Yes** **No**

Has non-motor convictions or criminal offences **Yes** **No**

Has non-motor prosecutions pending **Yes** **No**

If any of the above are answered **'Yes'**, please provide further details:

E: DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving you, the insurer, sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

I/We will tell you, the insurer, if any of the information on this proposal form changes during the period of insurance and I/we understand that if any of the information is not true, or becomes untrue, I/we may not have insurance cover or other remedies under the insurance policy to which this proposal form relates.

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

It is hereby agreed that the Insurer is authorised to make any investigation and inquiry in connection with this proposal that it deems necessary.

The proposer and the Insurer are entitled to choose the law that will govern this contract of insurance.

The Insurer proposes English law and this will apply unless otherwise agreed.

Name in capitals

Signed

Position

Date

Please send your proposal form to info@ssr.co.uk

If you need any assistance, please speak to our team on **0117 9 300 100**.

SSR  **Sutton
Specialist
Risks**