

# Thornhill Insurance

## Combined Liability Presentation



A trading style of Brian Thornhill (Insurance Brokers)

Company Name

Contact Name

Address

Contact Number

Date Established

ERN number

Email

Please provide a description of your business activities

Do you handle asbestos?	YES	NO	If Yes, please advise percentage	Non Notifiable	%
				Notifiable	%
Do you use the application of heat?	YES	NO	If Yes, please advise the percentage of work		
			Involving heat:		%
			Method of heat application used (i.e. blow lamp)		
Do you work at heights exceeding 15 metres?	YES	NO	If Yes, please advise the maximum height		m
Do you undertake any work at depth?	YES	NO	If Yes, please advise the maximum depth		m
Do you work in any of the following areas:	Nuclear sites, Refineries, Airports, Towers/Steeple/Spires, Viaducts/Bridges, Docks/Piers, Railways, Demolition Sites, Off shore Installations?				
				YES	NO

Please provide details of your turnover estimates for the forthcoming year:

Contracting Turnover	£
Cost of materials & sales only	£
Hire only	£
Total Turnover	£

Please categorise your business activities by the approximate percentage of the turnover each activity represents:

<b>Domestic</b>	Private Dwelling Houses	%
	Flats	%
	Other Dwellings	%
<b>Commercial</b>	Hospitals & Nursing Homes	%
	Schools & Universities	%
	Hotels & Recreation Centres	%
	Shops & Offices	%
	Commercial	%
<b>Industrial/Agricultural</b>	Agricultural	%
	Power Plants	%
	Refinery & Petro-Chemical Installations	%
	Manufacturing Plant & Production Areas	%
	Other Industrial Areas	%

Please give details of your estimated wage/payments for the coming years

**Total 100%**

**Amounts (£)      Number of Persons**

Direct Wages	Proposers Own Drawings	£	
	Clerical Directors (Ltd co only)	£	
	Clerical/Admin	£	
	Non Manual Supervisory	£	
	Manual Directors (Ltd co only)	£	
	Manual PAYE	£	
	Drivers/Yardsmen	£	
	Other: (Please specify)	£	
Sub contractors	Labour Only Sub Contractors	£	
	Bona Fide Sub Contractors	£	

Do you have Liability Insurance in force?   YES      NO      If YES, please advise the Insurer

Trade/Affiliations Membership      Target Premium      £

Renewal Date

Please indicate the level of public/products liability you would like us to obtain quotes for:

£1,000,000      £2,000,000      £5,000,000      £10,000,000      Is Employers Liability Required?   YES      NO

Do you currently;

Have a full Health & Safety Policy within your business? YES NO

Document, retain method statements and undertake risk assessments YES NO

Undertake staff training / tool box talks YES NO

Please indicate if you would like quotations for:

Professional Indemnity Contractors all Risks Commercial Premises Directors & Officers

Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms? YES NO

Have there ever been any claims or incidents that could give rise to a claim in the last 10 years? YES NO

If YES, please provide full details:

Date	Description	EL/PL	Reserves/Settlements

**SUBMITTING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE**

DATE

NAME

SIGNATURE \_\_\_\_\_  
(Required if returning this form by fax or post)