



Liability Proposal Form

**Section 1 General Information**

**1.1** Title of Proposer (including Partners names if not Limited) and all subsidiary companies requiring cover)

Contact Name  Email  Website   
 Telephone No.  Fax No.

**1.2** Postal Address to be used for all correspondence

**1.3** Address of **all** branch offices / locations

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**1.4** Current insurance arrangements: -

Existing Insurer  Renewal Date

**1.5** Limit of Indemnity

Employers Liability 

Yes	No
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 £10,000,000  
 Public/Products Liability 

Yes	No
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 £1,000,000 £5,000,000 £10,000,000 Other  £

**1.6** When was the company established?

**1.7** Please give Business Description (***please attach a brochure if available***)

**1.8** Are you presently registered as Waste Carriers or Brokers by the Environmental Agency / SEPA in Scotland / DOENI in Northern Ireland? If No please give details 

Yes	No
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**1.9** Do you hold any form of Waste Management Licence, including Mobile Plant Licence issued, by the Environment Agency / SEPA / DOENI?.If No or Exempt please give 

Yes	No
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**1.10** Are you members of any other trade association? If Yes, please specify below: - 

Yes	No
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**Section 2 Estimated Wages and Turnover**

2.1 Number of Employees / Directors inc Labour Only Sub Contractors (max any one time)

2.2 Total estimated wages in each category for the forthcoming year: -

Clerical Staff, Managerial, Directors, Sales not engaged in manual work   
 Proprietor / Partners own drawings **not** engaged in manual work   
 Proprietor / Partners own drawings if engaged in manual work   
 Supervisors wages

**Manual work Insured's own premises**

Pickers and Sorters   
 Plant Operators

All other Employees / Directors inc Labour Only Sub Contractors (*please declare by Category below*)

**Manual work away from the Insured's own premises**

Plant Operators   
 Drivers

All other Employees / Directors inc Labour Only Sub Contractors (*please declare by Category below*)

Payments to Bona Fide Sub Contractors

2.3 Please state the Turnover Split for the following categories **including** Landfill Tax

	Next 12 months	Last 12 months	Penultimate
Civic Amenity Sites and Waste Transfer Stations	£	£	£
Waste Collection / Haulage / Transportation / Skip Hire	£	£	£
Landfill	£	£	£

All other Turnover (*please declare by category below*)

<input type="text"/>	£	£	£
<input type="text"/>	£	£	£
<input type="text"/>	£	£	£

2.4 Please state Landfill Tax: -

Last 12 Months   
 Next 12 Months

2.5 Have you or do you anticipate working outside of the UK. Please give details

**3.1** What types of waste are accepted at your reception site for sorting, recovery of materials or treatment

Green (Composting)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Furniture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bricks / Rubble / Soil	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Metals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ELV 's (End of Life Vehicles)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paper / Cardboard	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tyres	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Glass	<input type="checkbox"/> Yes	<input type="checkbox"/> No	WEEE (Waste Electronic Electrical Equipment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plastics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fridges / Freezers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Textiles / Shoes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Batteries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wood / Timber	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Used Engine Oil / Solvents	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other

**3.2 Hazardous Waste** *(if indemnity is required for Hazardous Waste as defined by The Hazardous Waste (England & Wales) Regulations 2005, The Hazardous Waste (Northern Ireland) Regulations 2005 and The Special Waste Amendment (Scotland) Regulations 2004 please specify below)*

**a** Asbestos. If Yes please give details below

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**b** Any other Hazardous Waste. If Yes please give details below

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**3.3** Is a separate area of your site allocated for each of the above wastes you accept?  
Please explain the separation procedure below: -

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**3.4** Do you transport waste from your site yourselves?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**3.5** Do you operate as a private company? Do you have any term contracts with Local Authorities?

**3.6** Do you allow householders / members of the public access to your site?  
If Yes, how are they supervised? (please give details of provisions made for this)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**3.7** Do you allow third party Waste Carriers access to your site?  
If Yes, please give details of their activities.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**3.8** Are you involved in any type of recycling process on your premises?  
If Yes, please give full details.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Section 4 Waste Carriers - Haulage Transportation and Skip Hire Operations**

**4.1** Do you collect waste from any of the following locations?: -

Domestic Premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commercial Premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landfill Sites	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Incineration Sites	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nuclear	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chemical Plants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Petro-Chemical Plants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Offshore Sites or Docks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Airports / Airside	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hospitals / Doctors / Dentist / Vets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abattoirs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sewage Treatment Plants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mines and Quarries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Agricultural Sites	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Details

**4.2** What types of waste is collected / handled?

Green (Composting)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Furniture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bricks / Rubble / Soil	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Metals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ELV 's (End of Life Vehicles)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paper / Cardboard	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tyres	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Glass	<input type="checkbox"/> Yes	<input type="checkbox"/> No	WEEE (Waste Electronic Electrical Equipment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plastics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fridges / Freezers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Textiles / Shoes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Batteries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wood / Timber	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Used Engine Oil / Solvents	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other

**4.3 Hazardous Waste** (if indemnity is required for Hazardous Waste as defined by The Hazardous Waste (England & Wales) Regulations 2005, The Hazardous Waste (Northern Ireland) Regulations 2005 and The Special Waste Amendment (Scotland) Regulations 2004 please specify below)

**a** Asbestos. If Yes please give details below  Yes  No

**b** Any other Hazardous Waste. If Yes please give details below  Yes  No

**4.4** How many skips do you operate?

**4.5** Are all skips sited on the public highway provided with adequate lights and cones and fluorescent markings?  Yes  No

**4.6** Are there any occasions where the local authority requires the Hirer to provide lights &/or cones for skips on the public highway. If Yes please provide details  Yes  No

**4.7** Please attach a copy of your skip conditions of hire *attached*

**4.8** How many lorries do you operate?

**4.9** How many dustcarts do you operate?

**4.10** Do you use heat away from own premises. If Yes please give details below: -  Yes  No

**Section 5** Landfill Sites (Please complete this section for each site operated / owned)

5.1 Site address

5.2 What date did you take ownership of this site? If site is leased see Question 5.2

5.3 a Is the site operated under lease?

Yes	No
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b Do you supply a contractual indemnity to owner?

Yes	No
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If Yes, please provide a copy.

attached

c What date did you take ownership / lease of this site

5.4 When did land filling of the site first commence?

5.5 What was the original capacity of the site?

5.6 What is the present capacity of the site (CuM)?

5.7 What is the estimated annual input to the site (CuM)?

5.8 What is the anticipated restoration date?

5.9 Please give details of all types of waste accepted at the site

5.10 Please indicate what method of containment is in operation at the site

5.11 Please indicate what methods have been employed to avoid/control leachate breakout and landfill gas migration

5.12 Please detail site security against fly tipping/trespass

5.13 Is there a public right of way on the site

Yes	No
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5.14 Please attach an OS Map clearly highlighting the site boundary

(www.streetmap.co.uk may be of use)

attached

**Section 6** Heath and Safety**6.1** Please specify any accreditations you hold**a.** Quality Management (e.g. ISO 9000 series) **b.** Environmental Management (e.g. ISO 1400) **c.** Other aspects of your business (e.g. IIP) **6.2** Do you have a written Health and Safety policy? Yes NoIf Yes, date originally prepared Date of last review **6.3** When was your Health and Safety policy last communicated to your employees? **6.4** Who is responsible for Health and Safety within your company?**a** Name of Director / Employee **b** Position within the company **c** Formal training given / qualifications in Health and Safety**6.5** Do you engage an external organisation for advice or audit of your Health and Safety policy and systems? If Yes please give details below Yes No**6.6** Have you carried out formal Risk Assessments, documented with relevant Safe Systems of Work? Yes No**6.7** Do you have a formal plan for review of Risk Assessments? Yes No**6.8** Do you have a formal safety-training plan for employees? Yes No**6.9** Do you have a formal plan for the provision of Personal Protective Equipment (PPE)? Yes No**6.10** Do employees sign for PPE and are records kept? Yes No**6.11** Have you documented procedures for high-risk activities? Yes No**6.12** Do you operate a formal Permit to Work scheme for high-risk activities? Yes No**6.13** Do you have formal contractor control for visiting contractors? Yes No**6.14** Do you have a documented fire emergency plan? Yes No**6.15** Do you have a formal Health and Safety monitoring plan? Yes No**6.16** Do you have a formal occupational health plan? (noise assessments etc) Yes No**6.17** Do you have a formal documented accident investigation plan? Yes No**6.18** Do you carry out any form of behavioural assessments? Yes No**6.19** Describe any other Health and Safety activity or any additional comment as necessary

**Section 7** Claims Experience

- 7.1 Are any of the Directors / Partners or Employees AFTER ENQUIRY, aware of any circumstances, allegations or incidents which may give rise to a claim against the firm / company or its predecessors in business or any of its present or of former Directors / Partners. (If Yes please provide details below)  Yes  No

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- 7.1 Have you in the past five years suffered any incident whatsoever which would have given rise to a claim under the policy for which you are now proposing? (If Yes, please provide give details below)  Yes  No

**a. By Employees**

Date	Details of Incident	Amount Outstanding	Amount Paid

**b. By Third Parties (including claims arising out of faulty products and / or design)**

Date	Details of Incident	Amount Outstanding	Amount Paid

Additional Information

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**Section 8 Declaration****8.1** Has the Proposer or any partner or director of the Proposer : -

a. Ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence? (If Yes please provide full details below)	Yes	No
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b. Received an official caution for a criminal offence (other than a motoring offence) within the last 3 years? (If Yes please provide details below)	Yes	No
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c. Ever been declared bankrupt whilst being a Director of a company which went into liquidation? (If Yes please provide details below)	Yes	No
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**8.2** Has any Insurer of the Proposer or any Partner or Director of the Proposer ever: -

a. Declined a Proposal? (If Yes please provide details below)	Yes	No
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b. Cancelled or refused to renew a Policy? (If Yes please provide details below)	Yes	No
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**8.3** Has any of your Directors or Employees ever been: -

a. Prosecuted under any Acts, statute or regulation.? (If Yes please detail below)	Yes	No
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b. Served with a Prohibition Notice? (If Yes please detail below)	Yes	No
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**I / We warrant that the statements in this Proposal Form are true and agree that they shall be on the basis of the proposed contract between the Underwriters and myself / ourselves and be incorporated therein.**

**I / We further agree to render at the end of each period of insurance a statement of all wages and / or salaries and / or payments actually expended and to pay any excess premiums due.**

<b>Name of Proposer</b>		<b>Position</b>	
<b>Signature of Proposer</b>		<b>Date</b>	