



KennCo Underwriting Limited is regulated by the Central Bank of Ireland. Reg. No.0454673 Registered at Suite 7, Grange Road Office Park, Rathfarnham, Dublin 16

This policy has been arranged by KennCo Underwriting Limited and underwritten by Great Lakes Reinsurance (UK) PLC

COMBINED LIABILITY PROPOSAL FORM

Section 1 - General Details: Proposer

1. Name of Proposer in full: _____

2. Postal Address: _____

3. Tel. No: _____ Fax. No: _____ Email: _____

4. Business or Trade: (describe fully) _____

5. How long have you been in business: _____

6. Has the Proposer or any partner or director of the Proposer ever traded in another name? Yes No

If Yes, please give details: _____

7. Has the Proposer been previously insured in respect of any of the risks to which this proposal relates, at this premises or elsewhere? Yes No

If Yes, please give details including Name of Insurer and Policy Number: _____

8. Has the Proposer or any partner or director of the Proposer ever been convicted of, or charged but not yet tried, with a criminal offence other than a motoring offence? Yes No

If Yes, please give details: _____

9. Has the Proposer ever had a proposal declined, renewal refused, cover terminated or had special terms applied by an Insurer in respect of any of the risks to which this proposal relates? Yes No

If Yes, please give details: _____

10. Has the Proposer or any partner, director or employee ever been prosecuted for an offence or breach of any legislation or regulations relating to employee Health/Safety? Yes No

If Yes, please give details: _____

11. In respect of any of the risks to which this Proposal relates, have any accidents, losses or claims occurred (whether insured or not) within the last 5 years? Yes No

If Yes, please give details:

<u>Date of Loss</u>	<u>Cause/Details</u>	<u>Amount Paid</u>	<u>Amount O/S</u>
_____	_____	_____	_____
_____	_____	_____	_____

12. Date cover to commence: _____

Note: If there is insufficient space for you to answer fully any question on this Proposal Form, please provide details on a separate sheet. The sheet should be signed and dated by the Proposer.

Section 2 - Risk Details

1. **Employers Liability:** Limit of indemnity €13,000,000 Is this section required? Yes No

2. **Public Liability:** Limit of indemnity €6,500,000 Is this section required? Yes No

3. **Products Liability:** Limit of indemnity €6,500,000 Is this section required? Yes No

Section 3 - Estimated Payments and Turnover

All persons employed must be included and the Total Estimated Annual payments (without deduction for Social Welfare Insurance, Income Tax, Holidays with Pay or Contributory Pensions) made to them in the categories listed below should be declared.

Category	No. of Employees	Estimated Wages* Salaries & other earnings of all employees including working directors, partners and principals (inc. Labour Only Subcontractors)**
a) Clerical	_____	€ _____
b) Woodworking machinists*** (whole or part time)	_____	€ _____
c) All Others (describe each category)	_____	€ _____
i) _____	_____	€ _____
ii) _____	_____	€ _____
iii) _____	_____	€ _____
iv) _____	_____	€ _____
d) Proposer's own annual remuneration if working manually in the business.	_____	€ _____

If the Proposer is a limited company, should the working directors wages be included under the Employers Liability Section?

Yes

No

* The term "wages, salaries and other earnings" means the employees' total remuneration including overtime, value of board and lodging, housing accommodation, bonuses and any other perquisites in kind or money received by the employees in connection with their employment.

** Employee includes labour masters and persons supplied by them, labour only sub-contractors and persons employed by them, self-employed persons, persons hired to or borrowed by you and persons undertaking study or work experience.

*** Employees whose work with woodworking machinery is restricted to the use of Lathes, Fret Saws, Boring Machines, Sanding Machines and Mechanically-driven portable tools applied to the work by hand other than Pendulum, Swing Saws and Chain Saws, to be included under "All Others".

Estimated Annual Turnover	€ _____
Estimated payments to Bona Fide Subcontractors	€ _____
Estimated work away wages	€ _____

Section 4 - Details Of Your Business

1. Describe precisely:

(a) Work to be undertaken by you: _____

(b) Goods to be supplied, installed, erected, repaired, altered or treated by you: _____

2. State situation and description of all premises to which the Insurance is to apply: _____

3. Have you prepared a Safety Statement as required by Section 12 of the Safety, Health and Welfare at Work Act 2005 and Safety, Health and Welfare at Work General Application Regulations 2007? Yes No

4. Do you comply with all legislation and regulations pertaining to the processes, substances used, dust and fumes within the workplace? Yes No

5. Are your ways, works, machinery and plant properly fenced/guarded and otherwise in good order and condition? Yes No

6. Are all your employees over 16 years of age and under 65 years of age, and in good health and free from physical defect? Yes No

7. Are all inspections of lifting apparatus, boilers and steam pressure vessels carried out in compliance with statutory requirements? Yes No

8. Are your premises in a good state of repair? Yes No

If you answered 'No' to one or more of questions 3, 4, 5, 6, 7 or 8, please give full details.

9. Do any of your activities involve exposure to noise levels exceeding 85-dB (A)? Yes No

10. Do you handle, store, use or manufacture directly, or as a by product, any substance or material which is:

a) Toxic, poisonous, irritant or harmful?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Corrosive, flammable or oxidising?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Potentially infectious or biologically harmful?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

11. Are explosives or dangerous substances used? Yes No

12. Do you handle or use radio isotopes, radioactive substances or other sources of ionising radiation? Yes No

13. Have you entered into any agreement assuming a liability for injury, illness, loss or damage for which you would not have been liable in the absence of such agreement? Yes No

14. Do you work on offshore installations? Yes No

15. Do you import or export any goods? Yes No

16. Do you export to the USA or Canada? Yes No

17. Are there any specific hazards associated with your products? Yes No

18. Do you supply goods for use in the nuclear, aircraft or marine industries? Yes No

19. Has it ever been necessary to recall any of your products? Yes No

20. In respect of any of your products, has your company ever been prosecuted for an offence under any legislation or regulations; or have your products ever been subject to an inquiry by any Government Agency? Yes No

21. Do you undertake operations outside the Republic of Ireland and/or Northern Ireland? Yes No

22. Do you use, away from your own premises:

a) Welding and/or cutting equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Blow lamps and/or blow torches? (including hot air paint strippers)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Heated Asphalt Bitumen or similar?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D) Any other equipment producing heat or sparks or naked flames?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

23. Do you undertake any of the following:

a) Demolition as a separate trade?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Demolition as part of your overall operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Pile Driving, Underpinning or Water Diversion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D) Stand Alone Roofing Contracts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered 'Yes' to one or more of questions 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22 or 23 please give full details.

24. How do you ensure that any sub-contractor employed by you maintain adequate liability insurance?

25. How do you dispose of waste produced from your business?

Additional Information (if any).

IMPORTANT - Any other facts known to you, which are likely to affect acceptance or assessment of the risks proposed for insurance, must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us, or your insurance broker. This is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or may invalidate the policy altogether.

Declaration

The Third EU Non-Life Directive requires us to provide you with the following information prior to purchase.

THE LAW APPLICABLE TO THE CONTRACT - Under the relevant European and Irish legal provisions, the parties to the proposed contract of insurance, we Great Lakes Reinsurance (UK) PLC and you, the Proposer, are free to choose the law applicable to the contract. We propose that Irish law will apply to the contract. The Insurer with which your contract will be concluded is Great Lakes Reinsurance (UK) PLC, which is established in the United Kingdom.

COMPLAINTS PROCEDURE - The Policy is a complex document and contains a large number of specific terms relevant in specific circumstances, depending on the nature of the risks being insured and those extensions requested. The policy may also contain warranties describing actions that you must take or avoid for any cover to operate.

Our aim is to provide insurance cover and service of the highest standard. However, there may be occasions when you feel that this objective has not been achieved. If you have any complaint about the insurance contract please follow the procedure below quoting your Certificate number in all correspondence so that your complaint may be dealt with speedily.

1. In the first instance please contact the insurance intermediary who arranged the policy for you.
2. Should you remain dissatisfied please write to the Complaints Manager, KennCo Underwriting Limited, Suite 7, Grange Road Office Park, Grange Road, Rathfarnham, Dublin 16.
3. If you are still unhappy with any issue connected with the handling of your insurance policy or claim then you should direct your enquiry to the Compliance Officer of Great Lakes Reinsurance (UK) PLC, Plantation Place, 30 Fenchurch Street, London EC3M 3AJ. Tel: 020 3003 7000 Fax: 020 3003 7010.
4. If you are not satisfied with the results of our investigation, you have the right to refer your complaint to an independent authority for consideration. Your complaint should be referred to the Financial Services Ombudsman's Bureau, 3rd floor, Lincoln House, Lincoln Place, Dublin 2. This option is open only for individuals or incorporated bodies with an annual turnover of €3M or less.

Taking any of these options will not prejudice your rights to take legal action.

Declaration

Please read the declaration very carefully, especially if the Proposal has not been completed in your own hand.

I/We declare that the statements and particulars given in this Proposal, are, to the best of my/our knowledge and belief, true and complete and that no material facts concerning the insurance have been withheld and that the Proposal will form the basis of my/our contract.

Signed: _____ Date: _____

Position held in the company: _____