



Crownsway Insurance Brokers Limited

DJS House, Holyhead Rd, Birmingham, B21 0BD
Telephone: 0121 554 3566/9788. Fax: 0121 523 2992
Email: info@crownsway.co.uk Website: www.crownsway.co.uk



COMBINED LIABILITY PROPOSAL FORM

PLEASE NOTE & READ CAREFULLY

1. Please answer all questions leaving no blank spaces
2. If you have Insufficient space to complete any of your answers, please continue on separate paper
3. This form must be signed & dated by a partner, principal or identified officer of the firm / organisation

Risk Name in Full.....Year Established.....

Trade / Organisation activities.....

Risk Address.....Post Code.....

Correspondence Address (if different).....Post Code.....

Contact Name.....Tel. No.....Mob. No.....

INDICATE SECTION & LIMITS OF INDEMNITY REQUIRED

SECTION		YES <input type="checkbox"/>	NO <input type="checkbox"/>	LIMIT OF INDEMNITY
A – PUBLIC LIABILITY		<input type="checkbox"/>	<input type="checkbox"/>	£ _____
B – PRODUCT LIABILITY (Please Advice Turnover)	£ _____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
C – EMPLOYERS LIABILITY (Please Advice Wage Roll)	£ _____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____

N.B: Please give below of any claims involving injury or damage where settlement or reserve exceeds £500

FULL DETAILS OF ANY CLAIMS / CONVICTIONS FOR THE LAST TEN (10) YEARS

PREVIOUS INSURANCE HISTORY

- a) Please state name of present Insurers: _____ Renewal Date ___/___/___
- b) Has any Insurer:
- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| i) Declined to Insure you? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ii) Refused to continue a Policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| iii) Increased your Premium? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| iv) Imposed special terms? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If the answer to any of the above is 'YES', please give details

I / We declare all the foregoing statements & particulars are true, I apply for a contract of Insurance with CROWNSWAY INSURANCE BROKERS LTD, to be expressed in the usual terms of the company's Policy & I agree this proposal & declaration shall be the basis of the contract.

Date ___/___/___ Signature of Proposer's _____

This Insurance will not be in force until the Proposal has been accepted by the Underwriters.