Marketform

SUPPLEMENTARY QUESTIONNAIRE FOR EMPLOYERS AND PUBLIC LIABILITY

1. **Assured (Including Trading name):**

   _____

2. **Category / Trade** **EMPLOYERS / PUBLIC LIABILITY**

3. **Limit of Indemnity:** **EL £10,000,000** **PL** **£**_____

4. **Wages Split between:** **Clerical Employees** **£**_____
   (estimate for next 12 months) **All Other (please specify & provide breakdown below)**
   …….. **£**_____
   …….. **£**_____
   …….. **£**_____
   …….. **£**_____

   Unpaid Volunteers **Number:**_____

5. **Turnover (estimate for next 12 months):** **£**_____

6. **Payments made to Bona Fide Sub-Contractors:** **£**_____

7. **Please confirm that all risk assessments have been done and a full health & safety policy is in place including manual handling assessments and training (where applicable).**

   YES ☐ **NO** ☐

8. **During the last 5 years have you suffered any loss relating to Employers, Public or Products Liability, or had any claims made against you or have any incidents occurred whether or not they have been claimed for? (If 'yes' please provide details).** **YES** ☐ **NO** ☐

_____
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DECLARATION

The information provided in connection with this proposal form is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of material facts will deem the Policy void. I/We understand that the signing of this proposal form does not bind me/us to complete the Policy. However, I/We agree that should a Policy be completed, then this Proposal Form and the Declaration shall form an integral part of the basis of the Policy. I/We understand that any change in information must be notified immediately and no cover exists until such change has been approved by Underwriters.

Signed …….

Date……..

Position in Company …….

Please fax or post completed form to the Medical Indemnity Register, PO Box 44375, London SW19 8WA
Tel: 0208 739 0066 Fax: 0208 739 0077