



## Public and Products Liability Quote Application

**Condition of Insurance** *Please note that cover offered by this policy is restricted to the aerosolised disinfection by certified personnel of enclosed interior spaces such as rooms, storage spaces or vehicles specifically using Hyper-6 Whoosh hydrogen peroxide solution dispersed by automatic Halo Hypersteriliser machine or approved hand-held auxiliaries.*

Renewal date

### Your details

First name

Surname

Company name

Telephone number

Email address

Preferred method of correspondence

Email

Post

Correspondence address

Post code

### Business details

Business description

Annual turnover

What percentage of work is carried out away from business premises?

Is work carried out outside the UK?

YES

NO

If YES, what percentage of turnover and where?

*Parkway Insurance, 6 Market Place, Camelford, Cornwall PL32 9PB. Tel: 01840 212 966*

*Email: [charlotte@parkwayinsurance.co.uk](mailto:charlotte@parkwayinsurance.co.uk)*

Number of employees	<input type="text"/>			
What is your employer's reference number (ERN)?	<input type="text"/>			
Are you ERN exempt?	YES	<input type="text"/>	NO	<input type="text"/>
Please indicate manual or clerical	Manual	<input type="text"/>	Clerical	<input type="text"/>
Estimated gross annual wages/salaries	Manual	<input type="text"/>	Clerical	<input type="text"/>
Are sub contractors used?	YES	<input type="text"/>	NO	<input type="text"/>
Value of sub contractor annual payments	<input type="text"/>			
Required indemnity level of public liability	£2 million	<input type="text"/>	£5 million	<input type="text"/>
Does the Proposer(s) retain rights of recourse for all products sold supplied and/or manufactured?	YES	<input type="text"/>	NO	<input type="text"/>
Qualifications or training undertaken	<input type="text"/>			

**Essential information**

Does the Proposer(s) business:

1: Comply with all applicable Health & Safety laws and regulations relevant to the business?	YES	<input type="text"/>	NO	<input type="text"/>
2: Ensure that the premises are in a good state of repair, that ways, plant and machinery are properly fenced and guarded, and maintained in compliance with the relevant statutory regulation and regularly inspected?	YES	<input type="text"/>	NO	<input type="text"/>
3: Work at heights above 2 metres?	YES	<input type="text"/>	NO	<input type="text"/>

**Equipment expertise**

1: Have all operatives successfully completed the Hypersteriliser training course?	YES	<input type="text"/>	NO	<input type="text"/>
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2: Does work involve woodworking or power driven machinery?

YES

NO

3: Does work involve lifts, cranes, hoists or other lifting apparatus (including slings or cradles)?

YES

NO

4: Does work involve oxyacetylene, electric welding, cutting, grinding or spark generating tools and equipment, or any flame gun, blow lamps, hot air gun or other plant or equipment which involves the application of heat?

YES

NO

If the answer is YES to any of these 4 questions, please give details

### Work location

Does the Proposer(s) business undertake work in or in the vicinity of, any of the following:

1: Aircraft or airports?

YES

NO

2: Refineries, oil, gas or petrol storage depots?

YES

NO

3: Docks, harbours, piers, wharfs and jetties?

YES

NO

5: Offshore oil rigs or other installations?

YES

NO

6: Nuclear power stations or other installations?

YES

NO

7: Non-nuclear electricity or power stations?

YES

NO

If the answer is YES to any of these 7 questions, please give details

## Hazardous materials

Does the Proposer(s) or any employees use, handle, supply, or otherwise come into contact with any of the following:

1: Radioactive substances or other sources of ionising radiation?

YES

NO

2: Explosives?

YES

NO

3: Asbestos or silica, or any compounds of these?

YES

NO

4: Toxic or hazardous chemicals, or those known to be associated with conditions such as dermatitis, cancer, or respiratory complaints?

YES

NO

5: Materials producing dust or fumes when handled?

YES

NO

If the answer is YES to any of these 5 questions, please give details. Please be sure to advise which chemicals are used in your disinfection machine(s).

## Personnel Considerations

Has any person to be insured including any directors or employees:

Ever had a proposal for insurance declined, renewal refused, cover terminated or special conditions imposed?

YES

NO

Sustained any loss, damage, injury or liability in the last 5 years, whether insured or not?

YES

NO

If YES, please provide details.

Ever been convicted of, or cautioned for (or charged with but not yet tried) any criminal offence (other than motoring)?

YES

NO

Ever been declared bankrupt or insolvent?

YES

NO

If YES, please give details

Is there any other important/material information relevant to this application?

YES

NO

If YES, please give details

### Important

ALL material facts must be disclosed. Failure to do so could invalidate the policy. A material fact includes any questions you are asked to provide answers to and any assumptions you agree to when you take out your policy, including anything that appears within your Statement of Fact and/or your Schedule, such as an intended alteration to, extension to, renovation of or unoccupancy of your property, or if any member of your household is charged with, cautioned for or convicted of a criminal offence (other than motoring offences).

### Data Protection

Please be aware that we exchange information through various databases and electronic applications. This helps speed up the processing of your data by the insurer(s) and allows checks to be made on that information. It also helps fraudulent claims being made. We will ensure that anyone to whom we pass your information agrees to treat your information with the same level of protection as if we were dealing it.

Signature

Company position

Date