



Independent Insurance Brokers Ltd
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LIABILITY PROPOSAL FOR I.R.A.T.A. CONTRACTORS

Name of Proposer:

(If not a Limited Company show full names, including forenames, of all Partners and the full trading name)

Full address including post code:

The Business Description for which this insurance is required:

(Give a description of the Business as you would wish us to describe it in the Certificate)

State Nationality of Directors and Employee if different and date that the company was incorporated/formed:

Cover required:

- | | | |
|-----|---------------------|--|
| i) | Employers Liability | Limit of Indemnity £5,000,000 any one Occurrence |
| ii) | Public Liability | Limit of Indemnity £2,000,000 any one Occurrence |

Note: If higher limits required please specify

Are you a member of I.R.A.T.A.? Yes/No

If Yes please advise
I.R.A.T.A Membership Number

:

Qualifications:

I.R.A.T.A. Level: I / II / III

Date Obtained:

Date of Next Assessment:

Claims:

Have there been any accidents in the last 5 years which have or could have given rise to a claim:

Yes/No

If Yes give details below:

Year	Description/Circumstances	Amount Paid	Amount O/S
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General:

Do you undertake any Manual work? Yes/No

If Yes provide details:

Do you work in Tunnels: Yes/No

If Yes provide details:

Do you work in Mines or in or for Railways? Yes/No

If Yes provide details:

Does your work involve OFFSHORE trips? Yes/No

If Yes provide details:

Maximum number of days Offshore in any one year and description of work:

Does your work involve work outside the United Kingdom? Yes/No

If Yes provide details:

Other than yourself do you have any working employees: Yes/No

If yes details of numbers and work undertaken:

Please provide details of annual wages paid to:-

Principal

Others

Please advise estimated Annual Turnover

Please advise Name of current Insurer:

Renewal Date:

Has any Insurer ever declined your Proposal, refused to renew or cancelled your Policy or imposed special terms?

Yes/No

If Yes please provide name of Insurer and details of their actions:

Period of Insurance: From _____ To _____

Note: No insurance is in force until this Proposal has been accepted by Underwriters.

Declaration:

I declare that the information given in this Proposal Form is to the best of my knowledge and belief correct in every detail and will form the basis of the contract between the proposer and Company.

Signed:

Position:

Dated: