

HENCILLA CANWORTH LTD

INDEPENDENT INSURANCE INTERMEDIARY

Entertainers' Liability Insurance Proposal Form

IMPORTANT NOTICE: Please read carefully before completion.

The information supplied on this form will be used to obtain quotations from insurers and will be incorporated into any policy of insurance subsequently effected in the form of a Statement of Fact. It is important that all relevant information is disclosed to an insurer as any non-disclosure or misrepresentation of a material fact could invalidate all or part of the Insurance contract.

A material fact is a fact likely to influence the Underwriters assessment of the risk. If you are in any doubt as to what constitutes a material fact, please contact us for guidance.

Your Details

Proposer:

Correspondence Address:

Telephone:

Fax:

Mobile:

E-Mail:

Company Status:

Sole Proprietor

Limited Company

Partnership

Limited Liability Partnership

Registered Charity

Community Group

Club

Amateur Society

Other _____

Are you or any Director or Partner a member of:

Equity

MU

ISM

Other

Description of Business Activities:

Year Business Established:

Current Insurer:

Renewal Premium:

Period of Insurance Req'd:

to

,both dates inclusive

Cover Required:

1. Employers' Liability:

Not Required

£10m

2. Public / Products Liability:

£2m

£5m

Details About The Business Activities

- 1) Does the above business description adequately describe the full range of activities undertaken by the Business? Yes / No

In connection with your Business, do you:

- 2) use Fire, Pyrotechnics (other than Flash Cotton, Flash Paper or Flash String) or any other process involving the application of heat? Yes / No
- 3) undertake performances or other work at heights over 3 metres above ground level (or floor level in the case of work inside a building or structure)? Yes / No
- 4) undertake work outside of the United Kingdom? Yes / No
- 5) employ non-UK domiciled performers or staff for use in non-UK work? Yes / No
- 6) undertake the performance or teaching of Circus Skills? Yes / No
- 7) undertake any other potentially hazardous activity or performances? Yes / No
- 8) Do you have a written Health & Safety Policy? Yes / No
- 9) Are you a member of any Professional Trade Association? Yes / No

If you have answered YES to any of the above, please provide further details below:

In respect of the period of insurance requested above please indicate below the

- 10) estimated number of performances?
- 11) estimated number of workshops?
- 12) estimated maximum audience size?
- 13) maximum number of students per workshop?
- 14) Student : Tutor Ratio?
- 15) Estimated wage-roll and payments to Sub-Contractors:

Clerical, Managerial & Non-Manual Workers:	£
Manual Workers (inc Performers) below 3 metres in height:	£
Manual Workers (inc Performers) above 3 metres in height:	£
Payments to Bona-Fide Sub-Contractors with own insurance:	£

- 16) Estimated Turnover (including grants, sponsorship and other funding where appropriate):

United Kingdom	£
E.U. Member Countries	£
North America	£
Rest of the World	£

Previous Claims / Loss History

- 17) Has any incident occurred over the past five years involving bodily injury or damage to property whether a claim was made or not? Yes / No

If the answer to the above is "YES", please provide full details and dates below:

Date	Incident Details	Amount of Claim	Claim Settled?

General Disclosure And Material Information

Have you, your partners, principals or directors in relation to this business and any other business which you or they are currently involved in or previously traded in:

- 18) ever had an insurance declined, cancelled or renewal refused or had special terms, restrictions or conditions imposed by an insurer? Yes / No
- 19) been prosecuted, or have any prosecution pending, under the Health & Safety at Work Act or any similar legislation? Yes / No
- 20) been declared bankrupt or been disqualified from being a company director? Yes / No
- 21) been involved as owner, director or partner of any company that went into receivership, administration or liquidation? Yes / No
- 22) been the subject of (or have pending) any County Court Judgements? Yes / No
- 22) been convicted, or charged (but not yet tried) in respect of any criminal offence? Yes / No

If you have answered YES to any of the above, or if there are any other material facts to be disclosed, please provide further details below:

Employers Liability Insurance

If you have requested Employers Liability Insurance we require your Employers Reference PAYE Number (ERN), which must be completed

From 1st April 2011, new legislation requires your insurers to record your Employers Reference Number (Employer PAYE Reference) for all cases where Employers Liability cover is provided.

What is an ERN?

An ERN is given to every business that registers with HM Revenue and Customs (HMRC) as an employer. It is a unique set of letters and numbers used to identify a firm. It is commonly referred to on tax forms as the Employer PAYE Reference. In some cases a business may be ERN exempt, where the employer pays all their employees below the current PAYE threshold.

All UK business employing one or more people are required to have the ERN, which is the reference for employees' income tax and national insurance contributions. Therefore, to proceed with the quotation would you please complete the section below confirming your Employers Reference Number.

Some businesses will have a subsidiary if it controls another company, or if the business owns more than half the stock of another business and we will require this additional information in addition to the Employers Reference Number.

Please complete the following with regard to your Employers Reference/PAYE Number (ERN).

23) Please provide the Name and Addresses of any subsidiary companies to be insured under this policy.
If there are no subsidiary companies, please state "None".

24) Please confirm your ERN/PAYE Reference Number

25) Does the above ERN Reference Number cover your subsidiary companies, if not please confirm the additional ERN for the subsidiary Company.

26) If you are exempt from an ERN/PAYE Reference Number, please confirm that ALL employees for all companies (including trainees, apprentices etc) are paid below the PAYE threshold. Yes / No. If you have answered No please confirm why you are exempt.

Declaration

I/We declare that to the best of my/our knowledge or belief the particulars and statements given in this document and any additional information provided is true and complete.

Sign here:	Dated:
Print your name:	Position Held:

**Hencilla Canworth Limited
Simpson House
6 Cherry Orchard Road
Croydon
Surrey
CR9 5BB**

**Tel: +44 (0)20 8686 5050
Fax: +44 (0)20 8686 5559
E-mail: mail@hencilla.co.uk
Internet: www.hencilla.co.uk**