



London Market

Broker at **LLOYD'S**

# Waste & Recycling Liability Proposal Form



## DUTY OF FAIR PRESENTATION

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
  - a. Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
  - b. Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
  - c. Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
  
2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
  - a. If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
  - b. If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
  - c. Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

LMA9117

16 March 2016

# PROPOSAL FORM

## PROPOSER'S DETAILS

It is a requirement to capture information about every company and subsidiary company that is to be covered by the policy. **NOTE** only subsidiaries, as defined by the Companies Act, can be insured by a single Employers' Liability policy and take a share of that policy's cover. As "associated" companies do not fall within the subsidiaries definition they must arrange their own cover to comply with regulations. If you are an individual or partnership, please state your full names including any trading style.

1. Company Name (including list of partners if not a limited company)

2. Address 1

3. Address 2

4. Town

5. County

6. Postcode

7. Does the business have an ERN exemption?      Yes      No      8. If "No" provide ERN

**If the business is a partnership, LLP, Ltd or PLC please provide full details of all other partners or any subsidiaries on the 'Additional Information' sheet at the end of the proposal form.**

**If you operate from more than one address please list all other business addresses and their business use on the 'Additional Information' sheet.**

9. Full business description (if you have a brochure or company literature, please attach them to this form)

## CURRENT INSURANCE ARRANGEMENTS

10. Insurer

11. Broker

12. Premium

13. Renewal date

14. Date commenced trading

15. Is the business VAT registered?

Yes

No

16. Please give details of any professional or trade associations you are affiliated to

17. Has any part of the current or any historic policy been written on a claims made basis? If so please give details including retroactive dates

# PROPOSAL FORM

## BUSINESS DETAILS

18. Provide total number of employees/directors (excluding principal/partners) including labour only sub-contractors (maximum at any one time)
19. Provide total estimated wages in each category for the forthcoming year
- |  |   |
|--|---|
| a. Clerical staff, managerial, directors, sales not engaged in manual work                                 | £ |
| b. Principal/partners own drawings <i>not</i> engaged in manual work                                       | £ |
| c. Principal/partners own drawings if engaged in manual work   | £ |
| d. Supervisors wages   | £ |
| <b>e. Manual work at insured's own premises</b>  |   |
| i. Pickers and sorters   | £ |
| ii. Plant operators  | £ |
| <b>f. All other employees/directors inc labour only sub-contractors (please declare by category below)</b> |   |
| i.   | £ |
| ii.  | £ |
| iii.   | £ |
| <b>g. Manual work away from the insured's own premises</b>   |   |
| i. Plant operators   | £ |
| ii. Drivers  | £ |
| <b>h. All other employees/directors inc labour only sub-contractors (please declare by category below)</b> |   |
| i.   | £ |
| ii.  | £ |
| iii.   | £ |
| j. Payments to bona fide sub-contractors   | £ |
20. Please state the turnover split for the following categories *including* Landfill Tax
- |   | Next 12 months | Last 12 months | Penultimate 12 months |
|---|----------------|----------------|-----------------------|
| a. Civic amenity sites and waste transfer stations              | £              | £              | £                     |
| b. Waste collection/haulage/transportation/skip hire            | £              | £              | £                     |
| c. Landfill   | £              | £              | £                     |
| <b>d. All other turnover (please declare by category below)</b> |                |                |                       |
| i.  | £              | £              | £                     |
| ii.   | £              | £              | £                     |
| iii.  | £              | £              | £                     |
| <b>e. Please state Landfill Tax</b>                             |                |                |                       |
| Last 12 months  | £              |                |                       |
| Next 12 months  | £              |                |                       |
21. Have you or do you anticipate working outside of the UK? Yes    No  
If "Yes" provide details below
22. Do you require Employers' Liability (£10,000,000)? Yes    No

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23. Do you require Public/Products Liability? Yes No  
 If "Yes" state limit of indemnity required  
 £1,000,000      £5,000,000      £10,000,000      Other limit    £
24. Are you presently registered as waste carriers or brokers by the Environmental Agency/  
 SEPA in Scotland/DOENI in Northern Ireland? Yes No  
 If "No" provide details below
25. Do you hold any form of Waste Management Licence, inc. Mobile Plant Licence issued by the  
 Environment Agency/SEPA/DOENI? Yes No  
 If "No" or exempt provide details below
26. Please attach a copy of your last Consignee Quarterly Return to the Environment Agency, SEPA or DOENI (if applicable) Attached

## CIVIC AMENITY SITES, WASTE TRANSFER STATIONS, RECYCLING CENTRES AND WASTE PROCESSING PLANTS

27. What types of waste are accepted at your reception site for sorting, recovery of materials or treatment?
- |                               |     |    |  |     |    |
|-------------------------------|-----|----|--|-----|----|
| Green (composting)            | Yes | No | Furniture                                    | Yes | No |
| Bricks/rubble/soil            | Yes | No | Food   | Yes | No |
| Metals                        | Yes | No | ELV's (End of Life Vehicles)                 | Yes | No |
| Paper/cardboard               | Yes | No | Tyres  | Yes | No |
| Glass                         | Yes | No | WEEE (Waste Electronic Electrical Equipment) | Yes | No |
| Plastics                      | Yes | No | Fridges/freezers                             | Yes | No |
| Textiles/shoes                | Yes | No | Batteries                                    | Yes | No |
| Wood/timber                   | Yes | No | Used engine oil/solvents                     | Yes | No |
| Other – provide details below |     |    |  |     |    |
28. **Hazardous waste**  
 (if indemnity is required for hazardous waste as defined by The Hazardous Waste (England & Wales) Regulations 2005,  
 The Hazardous Waste (Northern Ireland) Regulations 2005 and The Special Waste Amendment (Scotland) Regulations 2004 please specify below)
- a. Asbestos Containing Materials (ACM's)
- |  |     |    |
|--|-----|----|
| i. Unlicensed asbestos materials (for example asbestos cement/floor tiles)                   | Yes | No |
| ii. Licensed asbestos materials (for example spray and other insulation, AIB and millboards) | Yes | No |
- If "Yes" to either of the above, provide details below of storage/handling
- b. Any other hazardous waste? Yes No  
 If "Yes" provide details below

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29. Is a separate area of your site allocated for each type of waste that you accept?  
If "Yes" explain the separation procedure below
- Yes      No
30. Do you transport waste from your site yourselves?
- Yes      No
31. Do you operate as a private company?
- Yes      No
32. Do you have any term contracts with Local Authorities?  
If "Yes" provide details below
- Yes      No
33. Do you allow householders/members of the public access to your site?  
If "Yes" provide details below of how are they supervised (include details of provisions made for this)
- Yes      No
34. Do you allow third party waste carriers access to your site?  
If "Yes" provide details below of their activities
- Yes      No
35. Are you involved in any type of recycling process on your premises?  
If "Yes" provide details below
- Yes      No

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## WASTE CARRIERS–HAULAGE TRANSPORTATION AND SKIP HIRE OPERATIONS

36. Do you collect waste from any of the following locations?

Domestic premises	Yes	No	Commercial premises	Yes	No
Landfill sites	Yes	No	Incineration sites	Yes	No
Nuclear	Yes	No	Chemical plants	Yes	No
Petro-chemical plants	Yes	No	Offshore sites or docks	Yes	No
Airports/airside	Yes	No	Hospitals/doctors/dentist/vets	Yes	No
Abattoirs	Yes	No	Sewage treatment plants	Yes	No
Mines and quarries	Yes	No	Agricultural sites	Yes	No

If the answer is "Yes" to any of the above provide details below. Please use the 'Additional Information' sheet if necessary

37. What types of waste are collected/handled?

Green (composting)	Yes	No	Furniture	Yes	No
Bricks/rubble/soil	Yes	No	Food	Yes	No
Metals	Yes	No	ELV's (End of Life Vehicles)	Yes	No
Paper/cardboard	Yes	No	Tyres	Yes	No
Glass	Yes	No	WEEE (Waste Electronic Electrical Equipment)	Yes	No
Plastics	Yes	No	Fridges/freezers	Yes	No
Textiles/shoes	Yes	No	Batteries	Yes	No
Wood/timber	Yes	No	Used engine oil/solvents	Yes	No

Other – provide details below

38. **Hazardous waste**

(if indemnity is required for hazardous waste as defined by The Hazardous Waste (England & Wales) Regulations 2005, The Hazardous Waste (Northern Ireland) Regulations 2005 and The Special Waste Amendment (Scotland) Regulations 2004 please specify below)

a. Asbestos Containing Materials (ACM's)

- |  |     |    |
|--|-----|----|
| i. Unlicensed asbestos materials (for example asbestos cement/floor tiles)                   | Yes | No |
| ii. Licensed asbestos materials (for example spray and other insulation, AIB and millboards) | Yes | No |

If "Yes" to either of the above, provide details below of storage/handling

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39. Any other hazardous waste? Yes    No  
If "Yes" provide details below
40. How many skips do you operate?
41. Are all skips sited on the public highway provided with adequate lights and cones and fluorescent markings? Yes    No
42. Are there any occasions where the local authority requires the hirer to provide lights &/or cones for skips on the public highway? Yes    No  
If "Yes" provide details below
43. Please attach a copy of your skip conditions of hire Attached
44. How many lorries and dustcarts do you operate?
45. Do you use heat away from own premises? Yes    No  
If "Yes" provide details below

## LANDFILL SITES (PLEASE COMPLETE THIS SECTION FOR EACH SITE OPERATED/OWNED)

46. Site address
47. Address 1
48. Address 2
49. Town 50. County 51. Postcode
52. Please confirm whether you own or lease the site Own Lease  
a If you lease the site do you supply a contractual indemnity to the owner? Yes    No  
If "Yes" please provide a copy Attached  
b What date did you lease the site?
53. If you own the site please confirm the date that you took ownership
54. When did land filling of the site first commence?
55. What was the original capacity of the site? CuM
56. What is the present capacity of the site? CuM



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57. What is the estimated annual input to the site?
58. What is the anticipated restoration date?
59. Please provide details below of all types of waste accepted at the site?
60. Please confirm below what method of containment is in operation at the site
61. Please confirm below what methods have been employed to avoid/control leachate breakout and landfill gas migration
62. Please provide details below of site security against fly tipping/trespass
63. Is there a public right of way on the site? Yes    No
64. Please attach an OS Map clearly highlighting the site boundary Attached

## HEALTH AND SAFETY

65. Please specify any accreditations you hold
- a. Quality Management (e.g. ISO 9000 series)
  - b. Environmental Management (e.g. ISO 14000 series)
  - c. Other aspects of your business (e.g. IIP)
66. Do you have a written Health and Safety policy? Yes    No
- If "Yes" please confirm:
- a. The year that it was originally prepared
  - b. The date of the last review
67. When was your Health and Safety policy last communicated to your employees?
68. Who is responsible for Health and Safety within your company?
- a. Name of director/employee
  - b. Position within the company
  - c. Formal health and safety training qualifications
69. Do you engage an external organisation for advice/audit of your Health and Safety policy systems? Yes    No
- If "Yes" provide details below
70. Have you carried out formal risk assessments, documented with relevant Safe Systems of Work? Yes    No
71. Do you have a formal plan for review of risk assessments? Yes    No

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72. Do you have a formal safety-training plan for employees?	Yes	No
73. Do you have a formal plan for the provision of Personal Protective Equipment (PPE) (as required by the Personal Protective Equipment at Work Regulations 1992)?	Yes	No
74. Do employees sign for PPE and are records kept?	Yes	No
75. Have you documented procedures for high risk activities?	Yes	No
76. Do you operate a formal Permit to Work scheme for high risk activities?	Yes	No
77. Do you have formal contractor control for visiting contractors?	Yes	No
78. Do you have a documented fire emergency plan?	Yes	No
79. Do you have a formal Health and Safety monitoring plan?	Yes	No
80. Do you have a formal occupational health plan (noise assessments etc)?	Yes	No
81. Do you have a formal documented accident investigation plan?	Yes	No
82. Describe any other Health and Safety activity or any additional comment as necessary		

# PROPOSAL FORM

## GENERAL QUESTIONS

Please answer questions a. and b. in relation to this business or any previous business in which the proprietor, partners or directors have traded, in this or any other name:

- |   |     |    |
|---|-----|----|
| a. Have any insurers in the last five years declined to insure any of you or your businesses, cancelled or refused to renew any insurance or imposed special terms?   | Yes | No |
| b. Have there been any incidents in the last five years where the Health and Safety Executive, Environmental Health Office, Environment Agency or any other enforcement agency have served any of you with any enforcement measures, prohibition notices or criminal proceedings? | Yes | No |

Please answer questions c. to f. in relation to the proprietor, partners or directors of this business.

**Convictions or cautions do not have to be declared if they have become spent under the Rehabilitation of Offenders Act 1974. Reference to the Rehabilitation of Offenders Act 1974 is a reference to it as it is in force for the time being, taking into account any amendment, extension or re-enactment, and includes any subordinate legislation for the time being in force made under it.**

- |   |     |    |
|---|-----|----|
| c. Have any of you in the last five years been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner, proprietor, partner or director with any company which went into receivership, administration or liquidation? | Yes | No |
| d. Have any of you in the last six years been the subject of any County Court Judgment and/or been cited in any unsatisfied court judgments (or the Scottish equivalent) and/or have any court judgments pending?   | Yes | No |
| e. Have any of you been convicted or charged (but not yet tried) with any criminal offence other than a motoring conviction?  | Yes | No |
| f. Have any of you committed any offence to which you have admitted and for which you have received an official police caution?   | Yes | No |

**If the answer to any question is "Yes" please provide full details on the 'Additional Information' sheet at the end of the proposal form.**

## CLAIMS HISTORY

- |  |     |    |
|--|-----|----|
| a. In relation to this business or any previous business in which the proprietor or any partners or directors have traded, in this or any other name, has there been a claim under any of the cover(s) requested within the last 5 years?  | Yes | No |
| b. In relation to this business or any previous business in which the proprietor or any partners or directors have traded, in this or any other name, have there been any incidents that could have given rise to a claim under any of the cover(s) requested within the last 5 years, for example a small fire? | Yes | No |

**If the answer to either question is "Yes" please provide full details on the 'Additional Information' sheet at the end of the proposal form.**

## DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature

Please print name

Date

Position

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