



WASTE & RECYCLING LIABILITY PROPOSAL FORM

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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

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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

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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 not engaged in manual work | £ | |
| c. Principal/partners own drawings if engaged in manual work | £ | |
| d. Supervisors wages | £ | |
| e. Manual work at insured's own premises | | |
| i. Pickers and sorters | £ | |
| ii. Plant operators | £ | |
| iii. Agency workers | £ | |
| f. All other employees/directors inc labour only sub-contractors (please declare by category below) | | |
| i. | £ | |
| ii. | £ | |
| iii. | £ | |
| g. Manual work away from the insured's own premises | | |
| i. Plant operators | £ | |
| ii. Drivers | £ | |
| iii. Agency workers | £ | |
| h. All other employees/directors inc labour only sub-contractors (please declare by category below) | | |
| i. | £ | |
| ii. | £ | |
| iii. | £ | |
| i. What percentage of your workforce do agency workers represent at any one time? | | % |
| 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	£	£	£
d. All other turnover (please declare by category below)			
i.	£	£	£
ii.	£	£	£
iii.	£	£	£
e. Please state Landfill Tax			
Last 12 months	£		
Next 12 months	£		

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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
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. Please specify the materials handled and the business process undertaken
- | Material | Process | | | | | |
|--|----------------|---------|-------------|---------|------------|--------------|
| | Shredding | Sorting | Granulating | Bailing | Composting | Incinerating |
| Green | | | | | | |
| Brick, rock, tile, plaster and asphalt | | | | | | |
| Metals | | | | | | |
| Paper and cardboard | | | | | | |
| Glass | | | | | | |
| Plastics | | | | | | |
| Textiles, clothing, fabric and shoes | | | | | | |
| Wood | | | | | | |
| Food/animal-by-products | | | | | | |
| Soils | | | | | | |
| End of Life Vehicles (ELV) | | | | | | |
| Chemicals including acids, solvents, fuels, oils, and medicines | | | | | | |
| Tyres and rubber | | | | | | |
| WEEE (Waste Electronic Electrical Equipment) | | | | | | |
| Other – provide details below of materials handled and business process undertaken | | | | | | |

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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

- | | | |
|---|-----|----|
| 29. Is a separate area of your site allocated for each type of waste that you accept? | Yes | No |
|---|-----|----|

If "Yes" explain the separation procedure below

- | | | |
|---|-----|----|
| 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? | Yes | No |
|--|-----|----|

If "Yes" provide details below

- | | | |
|--|-----|----|
| 33. Do you allow householders/members of the public access to your site? | Yes | No |
|--|-----|----|

If "Yes" provide details below of how are they supervised (include details of provisions made for this)

- | | | |
|--|-----|----|
| 34. Do you allow third party waste carriers access to your site? | Yes | No |
|--|-----|----|

If "Yes" provide details below of their activities

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35. Are you involved in any type of recycling process on your premises? Yes No
If "Yes" provide details below

36. Do you operate any waste plant / machinery? Yes No
If "Yes" do you have lockdown procedures in place (i.e. emergency stop buttons / kill switches)? Yes No

WASTE CARRIERS—HAULAGE TRANSPORTATION AND SKIP HIRE OPERATIONS

37. 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

38. 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					

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39. 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

- | | | |
|--------------------------------|-----|----|
| 40. Any other hazardous waste? | Yes | No |
|--------------------------------|-----|----|

If "Yes" provide details below

41. How many skips do you operate?

- | | | |
|---|-----|----|
| 42. Are all skips sited on the public highway provided with adequate lights and cones and fluorescent markings? | Yes | No |
|---|-----|----|

- | | | |
|--|-----|----|
| 43. 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

- | | |
|--|----------|
| 44. Please attach a copy of your skip conditions of hire | Attached |
|--|----------|

45. How many lorries and dustcarts do you operate?

- | | | |
|---|-----|----|
| 46. Do you use heat away from own premises? | Yes | No |
|---|-----|----|

If "Yes" provide details below

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

47. Site address

48. Address 1

49. Address 2

50. Town

51. County

52. Postcode

53. 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?

54. If you own the site please confirm the date that you took ownership

55. When did land filling of the site first commence?

56. What was the original capacity of the site?

CuM

57. What is the present capacity of the site?

CuM

58. What is the estimated annual input to the site?

59. What is the anticipated restoration date?

60. Please provide details below of all types of waste accepted at the site?

61. Please confirm below what method of containment is in operation at the site

62. Please confirm below what methods have been employed to avoid/control leachate breakout and landfill gas migration

63. Please provide details below of site security against fly tipping/trespass

64. Is there a public right of way on the site?

Yes No

65. Please attach an OS Map clearly highlighting the site boundary

Attached

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HEALTH AND SAFETY

66. 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)
67. 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
68. When was your Health and Safety policy last communicated to your employees?
69. 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
70. a. For foreign national manual employees/agency workers without English as their first language please provide details of your training procedures below
- b. Do you translate your safety procedures/notices? Yes No
71. Do you engage an external organisation for advice/audit of your Health and Safety policy systems? Yes No
- If "Yes" provide details below
72. Have you carried out formal/documented risk assessments and are the risk assessments where relevant supported by documented Safe Systems of Work? Yes No
73. Do you have a formal plan for review of risk assessments? Yes No
74. Do you have a formal safety-training plan for employees? Yes No
75. 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
76. Do employees sign for PPE and are records kept? Yes No
77. Have you documented procedures for high risk activities including work at height, safe isolation of plant during maintenance, blockages and repairs etc? Yes No
78. Do you operate a formal permit to work scheme for high risk activities including work at height, safe isolation of plant during maintenance, blockages and repairs etc? Yes No
79. Do you have formal contractor control for visiting contractors? Yes No
80. Do you have a documented fire emergency plan? Yes No
81. Do you have a formal Health and Safety monitoring plan? Yes No
82. Do you have a formal occupational health plan (noise assessments etc)? Yes No
83. Do you have a formal documented accident investigation plan? Yes No
84. Do you operate Workplace Transport Safety systems on site to ensure safe movement of vehicles? Yes No
85. Describe any other Health and Safety activity or any additional comment as necessary

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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. Whether as a result of an incident or not, in the last 5 years have you been visited by the Health and Safety Executive, Environmental Health Office, Environment Agency or any other enforcement agency? | 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:

- a. we have conducted a reasonable search for material information and the answers and particulars here represent a fair presentation of the risk;
- b. the answers and particulars given in this fact finder are true and we have not withheld any material information.

I / We understand that failure to disclose such information may result in claims not being met or the policy being cancelled as if it had never existed.

I / We undertake to inform underwriters of any circumstances that change the answers to the questions in this factfinder before and while we insure with them.

A change of fact is one that an insurer would regard as likely to influence their assessment and acceptance of providing you with insurance. If you are unsure what to disclose, you should contact your adviser immediately.

Signature

Please print name

Date

Position

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ADDITIONAL INFORMATION

