

# EMPLOYERS LIABILITY QUESTIONNAIRE

If you employ anyone on a full time, part time, casual or even a self employed labour basis, you are required by law to arrange and keep in force cover in respect of your legal liability for death or injury including industrial diseases. The limit of indemnity is £10 million reducing to £5 million for acts of terrorism.

**Policyholder**  **Policy number**

## COMPLETING THIS FORM

Please complete this form in BLOCK CAPITALS. You must give full and true answers to all questions. 'YES' or 'NO' answers must not be left blank. If you need more space for any of the answers, please continue on an additional sheet.

Guide to answering questions: **REQ** Must be completed **OPT** Optional covers available.

### **REQ** YOUR EMPLOYEES

How many people do you employ? **PAYE employees**  **Self employed**  **Casuals**  **Family**

You MUST, if you have an Employer Reference Number (ERN), provide it and, if applicable, your company's registered address. In order to comply with FCA regulations we are required to publish details of all Employers Liability policies we enter into, renew or under which a claim is made. See [www.elto.org.uk](http://www.elto.org.uk) for full details.

What is your Employer Reference Number (ERN)?

If applicable, what is your company's registered address?  Postcode

What is your annual wage bill for?	PAYE employees (excluding family members)	£	<input type="text"/>
	Family employees	£	<input type="text"/>
	Self employed labour only or casual employees	£	<input type="text"/>
What are your annual drawings and those of your partners or directors?		£	<input type="text"/>

*Whilst there is no legal requirement to provide Employers Liability insurance cover for employed family members, it would be prudent to do so. Claims for injury to your family members will be excluded if you do not complete the family questions above.*

Do any family members whose remuneration is not shown above, assist in the business? Yes  No

### **REQ** ACCIDENT BOOK AND RISK ASSESSMENT

*In addition to the legal requirements imposed by Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (referred to as the RIDDOR Regulations), you are also required to ensure that all injuries, regardless of how minor they may appear to be, are properly recorded in an accident book. This should be kept at a central location on your premises.*

Do you maintain an accident book? Yes  No

If YES and you have 5 or more employees, do you carry out regular risk assessments? Yes  No

[Continue to Optional extension >>](#)

**OPT** OPTIONAL EXTENSION

Do you require cover for injuries to proprietors, working partners and directors caused by colleagues' negligent acts?

Yes  No

*If NO, injuries sustained by directors, partners or proprietors working in the business will NOT be covered.*

**REQ** CLAIMS HISTORY

Are you currently or have you been insured for employers liability?

Yes  No

If YES, provide the following details

Name of present/previous insurer	Policy number	Expiry date

Have any employers liability claims been made against you in the last 5 years whether insured or not?

Yes  No

If YES, give full details below continuing on a separate sheet if necessary

Date of claim	Details	Approximate cost
		£
		£
		£

**REQ** POLICYHOLDER'S DECLARATION – Please read carefully then sign and date

- I/we declare that the information given and the statements made in this form are to the best of my/our knowledge and belief, true and complete. I/we acknowledge that this form will become part of the completed proposal and its declaration I/we originally completed. I/we will pay the premium when called upon to do so.
- I/we have fairly assessed my/our wage bill and my/our annual drawings including those of partners and directors.
- I/we understand that any quotation already given may change when Tradex receives and assesses this completed form. Tradex has the right to impose special terms or decline to provide cover.

*For your own benefit and protection you should re-read this and your original proposal form carefully before signing below and, if you have any queries, speak to your broker or to us.*

**Policyholder's signature**

**Full name**

**Date**

If the policyholder is a limited company, is the person signing this declaration, a director of the company?

Yes  No

If any part of this form has been completed by anyone other than the policyholder, please give the full name of the person who has done so and the relationship to the policyholder e.g. broker, agent, spouse, employee.

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