

**C.B.A.I. - GENERAL EMPLOYER'S AND PUBLIC LIABILITY INSURANCE  
APPLICATION FORM**

Date Details Taken \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Details \_\_\_\_\_ **CBAI Aff.No.:** \_\_\_\_\_

Company Title  
\_\_\_\_\_

Postal Address  
\_\_\_\_\_  
\_\_\_\_\_

Risk Address (If Different From  
Above) \_\_\_\_\_  
\_\_\_\_\_

Tel No (Landline) \_\_\_\_\_  
Facsimile No \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Vat No \_\_\_\_\_  
Company Reg. No \_\_\_\_\_

In which country is the company registered?  
\_\_\_\_\_

Type of business /  
occupation \_\_\_\_\_

When is the Renewal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ or New Venture  1<sup>st</sup> Insurance

Current Insurer: \_\_\_\_\_ Current Premium € \_\_\_\_\_

Exact business description  
/occupation \_\_\_\_\_

Full description of work undertaken  
\_\_\_\_\_  
\_\_\_\_\_

Where is most of your work carried out (county)?  
\_\_\_\_\_

What cover do you require?  
**(please tick which applies below)**

Employer's liability   
Public liability   
Products liability

Are you involved in any work as a Project Supervisor?  
YES   
NO

If yes, please provide details:

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Have you or any partner/director ever been convicted of any offence involving dishonesty, stealing, arson or criminal damage or been declared bankrupt at any time?  
YES  NO

If yes, please provide details:

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Please provide details below of 2 recently completed, 2 current and 2 future Contracts along with contract price.

**Completed Contracts:**

1. \_\_\_\_\_  
\_\_\_\_\_ Contract Price: \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_ Contract Price: \_\_\_\_\_

**Existing Contracts:**

1. \_\_\_\_\_  
\_\_\_\_\_ Contract Price: \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_ Contract Price: \_\_\_\_\_

**GENERAL QUESTIONS: PLEASE ANSWER YES/NO TO THE FOLLOWING QUESTIONS AND PROVIDE MORE DETAILS WHERE REQUIRED**

Do you have a written Safety Statement in accordance with the Safety, Health and Welfare at work Act, 1989?

YES  NO

Has your Company been insured before?

YES  NO

Has your Company had claims/accidents /incidents? (If yes please list details in tables below)

YES  NO

What insurance company were you insured with before?

\_\_\_\_\_

What is your existing Premium? € \_\_\_\_\_

What was your business description while you were with your previous insurer?

\_\_\_\_\_

Have you have ever been declined for insurance? If yes, please give details:

YES  NO

\_\_\_\_\_

Has any insurer ever imposed special terms?

YES  NO

If yes, please give details:

\_\_\_\_\_

If you have had a claim please provide full details in tables below: (NB: We require last 5 years claims history)

Employers Liability (EL)					
Year	Excess Applicable €	Settled Claims		Outstanding Claims	
		No	Amt €	No	Amt €

Public Liability (PL)					
Year	Excess Applicable €	Settled Claims		Outstanding Claims	
		No	Amt €	No	Amt €

Products Liability					
Year	Excess Applicable	Settled Claims		Outstanding Claims	
		No	Amt €	No	Amt €

Turnover / Bona Fide Sub Contractors (BFSC)										
Est. Annual Financial Turnover										
Est. Payment BFSC										
LOI Required for	1,300,000		2,600,000		3,800,000		5,000,000		6,500,000	

Height Limit		Depth Limit	
Standard 0 - 15m		Standard 0 - 3m	
15 - 20m		3 - 5m	

**EMPLOYERS LIABILITY**

NB: Cover is provided for bodily injury sustained by employees for whom you may be Liable up to a limit of €13,000,000.

Please tick type of Company?

Sole Trader	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>
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Do you require cover for Working Directors?

YES  NO

Do you handle, use or store explosives, acid, chemicals or gas?

YES  NO

If yes, please provide details:

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Do you handle, use or store Radioactive, Hazardous or dangerous substances, asbestos or silica or other materials containing these substances?

YES  NO

If yes, please provide details:

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Does your business necessitate the use of protective clothing?

YES  NO

If yes, please provide details:

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Do you provide protective clothing?

YES  NO

If yes, please provide details:

\_\_\_\_\_

Does your company require implementation of any preventative measures?

YES  NO

If yes, please provide description of preventative measures or conditions specified in contracts of employment:

\_\_\_\_\_

Do you use powered machinery?

YES  NO

If yes, please provide details:

\_\_\_\_\_

Estimated Wages for the Forthcoming Insurance Period		
Description	No	Wages Paid
Clerical including Management & Commercial Travellers		
Manual Employees using machinery (excluding Woodworking Operatives)		
Woodworking Operatives		
Payments to Labour Only Sub Contractors & Self Employed Contractors		
Manual Working Directors		
Clerical Working Directors		
All other Employees (excluding Labour Only Sub Contractors & Bona Fide Sub Contractors)		


PUBLIC LIABILITY

Do you work away from your premises?

YES  NO

If yes what % and please provide description of work undertaken away from premises?

\_\_\_\_\_

Are your premises in a good state of repair?

YES  NO

If no, please provide details?

\_\_\_\_\_

Does your company undertake manual work in the EU?  
YES  NO

If yes, please provide details:

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Does your company engage in effluent discharge?  
YES  NO

If yes, do you have an agreement with the Local Authority?  
YES  NO

Do you require Products Cover?  
YES  NO

If yes, please provide a description of the products and services supplied?

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Do you print conditions of sale?  
YES  NO

Do you design, plan or specify the form of your products?  
YES  NO

Do you use harmful ingredients in your products?  
YES  NO

If yes, please provide details:

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Are the products your company supply used in aircraft, aerial devices, watercraft, computer equipment or motor vehicles?  
YES  NO

If yes, please provide details:

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Do you construct, assemble or alter Products before sale?  
YES  NO

If yes, please provide details:

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Do you export to the USA or Canada?  
YES  NO

If yes, please provide details:

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Does your supplier require you to absolve them from Liability in respect of goods they supply to you?  
YES  NO

If yes, please provide details:

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Are you the registered owner of the premises from which you operate?  
YES  NO

Do you have lakes, rivers, streams etc on the property?  
YES  NO

If yes, please provide details:

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Is the property properly fenced / signposted?  
YES  NO

Do the public have access to your property?  
YES  NO

If yes, please provide details:

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Do you store Petroleum Products?  
YES  NO

If yes do you store more than 1000 gallons and how is any petroleum stored?

Any other relevant information?

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**Signed:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_

***The information provided to RMCI in writing or otherwise by or on behalf of the client is the basis and will be deemed to be part of the contract.  
RMCI and/or the Company will be entitled to void any insurance where the information provided is incorrect.***