



1. General

Current Liability Insurer: .....

Length of time insured with them: .....

Please specify any accreditations for quality management (ie: ISO9000 series)

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Please specify any accreditations for environmental management (ie: ISO9000 series)

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Please specify any accreditations for other aspects of your business (ie: IIP)

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2. Health & Safety Policy

2a. Does the Insured have a Health & Safety policy? Yes  No

2b. What was the date of the last review of the Health & Safety policy? DD / MM / YYYY

2c. When was it last communicated to all employees? DD / MM / YYYY

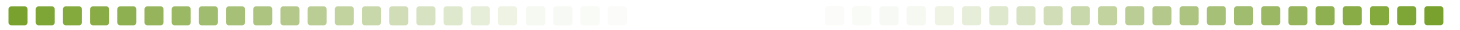
2d. If there are more than 5 employees, is the policy in writing and signed? Yes  No

3. Knowledge of Health & Safety

3a. Does the Insured have a safety officer or person responsible for Health & Safety issues? Yes  No

3b. If yes, give details of formal training given to officer. If no, give details of external advice you obtain.

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4. Risk Assessment

4a. Have all the required risk assessments been carried out and recorded?

Yes  No

4b. When was the last risk assessment carried out?

DD / MM / YYYY

5. Training

5a. Please give details of Health & Safety training given to employees

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5b. Is training recorded?

Yes  No

6. Workplace Inspections

6a. Is there a system for the inspection of all parts of the workplace on a regular basis in order to identify defects and hazards and to ensure any corrective action is taken?

Yes  No

6b. How often are inspections carried out?

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Please note that the provision of the above information is a material fact upon which Insurers are entitled to rely and any change in this information may cause Insurers to change their terms or void the policy of insurance.

Signature: .....

Position: .....

Date: DD / MM / YYYY

Please note that the questionnaire should be returned fully completed and signed at least seven days prior to renewal in order to allow Underwriters time to consider offering renewal terms.