

Agents Name: Taunton

Reference/Policy Number: TA16828TA16828/PC/16289

Date: 21st March 2014



Liability Insurance Statement of Facts

This is a record of statements made and information verbally given by you on which your quotation is based. This will constitute the basis of your contract of Insurance for any subsequent cover arranged. However the proposed insurance will not be valid if you do not tell us any fact, which may affect the way we assess this proposal or affect whether we accept it. If you are not sure which facts we need, please consult your insurance advisor.

Proposer	Mr Philip Wyatt		
Trading Name	AA Waste	Period	12 Months
Months Trading	96	Legal Status	Sole Trader
What year was the business established?	2004		
Inception Date	21 Mar 14		

Correspondence Address	48 Stickleback Road Calne Wiltshire	Risk Address	48 Stickleback Road Calne Wiltshire
Postcode	SN11 9RB	Postcode	SN11 9RB

Trade or Business

Please provide a full description of all work carried out

Courier (Using Vehicles Up To Max Laden Weight 3.5 Tonnes)

Cover Required

Public Liability	£ 1000000
Employers Liability	£ 10000000

How many people are involved in manual work?

What is the total number of Principals, Partners and Directors	1
What is the total number of Employees (excluding Directors) including labour only sub-contractors hired people working under Government Sponsored Work Schemes (maximum number allowed at any one time is required)	2

Information applicable to policies with Employers Liability

Subsidiary and Trading as name	Parent of Child Company	Exempt from ERN Tax Code?	ERN (Employee PAYE reference)
AA Waste	Parent	No	TBA£

Will you handle or use any of the following in connection with your business?

Silica, asbestos, or substances containing asbestos	No
Acids, gases, explosives, radioactive or similar dangerous liquids or substances	No

Does your work involve any of the following?

Power stations, nuclear installations or establishments	No
Refineries, bulk storage or productions premises in oil, gas or chemical industries or offshore structures	No
Aircraft, hovercraft, aerospace systems, watercraft, railways, underground or underwater	No
Work in or on computer suites or on computers	No
Demolition Work	No
Percentage of turnover involved in heatwork away from premises	0 %
Total percentage of turnover involved in heatwork	0 %

Please advise the following:

Groundwork Depth (maximum)	0
Height Limit (maximum)	0
Is any use made of fixed, powered woodworking machinery	No

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Claims			
Date	Details	Settled?	Amount paid/ outstanding

Additional Information

We are assuming for the purpose of this quotation, the following information:

1. You, the Proposer or any named persons on this policy have not been convicted of or charged (but not yet tried) with any offence other than driving offences, been declared bankrupt or are subject to bankruptcy proceedings, any voluntary or mandatory insolvency, ever been declined or refused insurance cover or had cover cancelled or subject to special terms in respect of any covers to which the insurance relates, ever been a partner or director of any Company that has been subject of a County Court Judgement (or Scottish equivalent), ever been the subject of a recovery action by customs and excise or the Inland Revenue, within the past 5 years been prosecuted or served prohibition or improvement order under Health and Safety legislation.
2. There are no existing long-term agreements in place with another Insurer.

Insurer and Excesses

Insurer: Policyfast (underwritten by Faraday Reinsurance Company Ltd)

Excesses: £250 in respect of any public liability claim, reduced to £100 for professions

DECLARATION

I/We have read the Statement of Fact and the Policy Schedule supplied.

I/We understand that any material fact, which is information that may influence the Insurer in the acceptance and terms provided, has been disclosed and recorded.

I/We understand that if true answers have not been given that this insurance may not protect me/us in the event of a claim.

I/We agree that the Policy, Policy Schedule and Statement of Fact shall be the basis of the contract between me/us and the Insurer.

I/We declare that to my/our knowledge and belief the answers and particulars given on this Statement of Fact, whether made by me/us or on my/our behalf are true and complete, and that I/We have not withheld any material information. Failure to disclose such information may result in claims not being met.

I/We understand that if any of the information contained within the enclosed documents is incorrect that I/We will advise the Insurer immediately with the correct details. I/We understand that any changes to the information shown may in some instances result in amendments to the terms and conditions or refusal of cover.

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DATA PROTECTION

The defined terms used in this section shall have the meaning given to those terms in the Data Protection Act 1998 (as may be amended from time to time).

In the course of providing insurance services to the proposed insured/insured, the insurer may have access to Personal Data. The proposed insured/insured warrants that it shall have obtained all necessary authorisations and approvals from Data Subjects prior to disclosing any Personal Data to the insurer (whether such disclosure is made directly by the proposed insured/insured to the insurer or indirectly by the proposed insured/insured to any agent acting on behalf of the proposed insured/insured or the insurer). The insurer shall be the Data Controller of any Personal Data provided to it.

The insurer undertakes that it shall only use any Personal Data provided to it for the purposes of performing its services in connection with its contract of insurance with the proposed insured/insured. This will include the processes of underwriting, administration and claims assessment as well as any necessary services ancillary thereto.

The insurer will hold all Personal Data provided to it securely and shall limit access to such Personal Data to those who have a need to see it. The proposed insured/insured hereby consents to the insurer sharing any Personal Data provided to it with its group companies, agents, reinsurers, claims handlers, loss adjusters, medical professionals and other professional advisors, healthcare management companies and any other necessary service providers with whom the insurer contracts in connection with the proposed contract/contract of insurance between the proposed insured/insured and the insurer.

The insured acknowledges that the insurer may be required as a matter of law or regulation to disclose Personal Data provided to it to a Court of law or regulatory body such as the Financial Services Authority or any other public body or authority of competent jurisdiction and the proposed insured/insured hereby consents to any such disclosure.

The proposed insured/insured acknowledges that the insurance industry maintains certain registers for the purposes of fraud prevention and hereby consents to the insurer sharing Personal Data provided to it with fraud prevention agencies and other insurance companies for the purposes of fraud prevention and to validate your claims history.