



ABBOTT INSURANCE

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Health & Safety Questionnaire

Client Name	
Address	
Date	
Abbotts' Contact	

Please complete all questions as fully as possible and return the form to any Abbott Insurance office. This form is available in paper, Adobe PDF or Microsoft Word 97 making it easier to post, fax or email. Please ask for details.

If you would like this form in large print, please call
01383 511442



HEALTH & SAFETY

1.	<p>Is there an agreed and enforced H&S policy in operation?</p> <p>Do you have a designated person managing Health & Safety</p> <p>Is Health & Safety training given to all staff throughout their employment with you?</p> <p>Is a record kept of all Health & Safety training given to staff?</p> <p>Are you a member of any trade organisation that provides health & safety information and training?</p> <p>Do you undertake and record health & safety risk assessments?</p> <p>Do you use an external Risk Management Consultant?</p> <p>Is protective clothing and equipment supplied and its use enforced?</p> <p>Do you have an accident book? How often is it reviewed?</p> <p>Has any notice been served on you by the Health & Safety Executive in the last 3 years, or have you been prosecuted in that time?</p> <p>Is there an enforced No-Smoking policy in operation?</p> <p>Are there maintenance programmes in force for:</p> <p style="padding-left: 20px;">Buildings?</p> <p style="padding-left: 20px;">Electrical Installation?</p> <p style="padding-left: 20px;">Plant / Equipment?</p> <p style="padding-left: 20px;">Fire extinguishing appliances?</p> <p style="padding-left: 20px;">Intruder Alarm?</p> <p>Are flammable liquids, gasses and substances kept in a secure store and only withdrawn as required?</p> <p>Do you have a documented procedure for waste management and regular waste disposal?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
	<p>Please give additional information if relevant</p>	

Tax Investigations and VAT Disputes

<p>Are your accounts prepared by a qualified accountant? How many years has this been the case?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p style="text-align: center;">years</p>
<p>Have you ever been investigated by the Inland Revenue or the department of Social Services?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Have you ever been involved in a VAT dispute?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>

Data Protection

<p>Has the proposed Insured, or any business in which the directors or partners have been concerned, been served with a statutory notice under the Data Protection Acts 1984 or 1998 during the last 5 years?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
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Loss Adjuster

<p>Have you had any fire or other insured peril losses to your property in the last 5 years</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Have any losses resulted in any business interruption or rebuilding?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>What is the approximate insurance value of your largest property?</p>	<p>£</p>

MATERIAL INFORMATION

Please note your obligations with respect to material facts. Material facts are those which may affect the insurers assessment of the risk. This duty of disclosure is imposed on policyholders by the legal principle of Utmost Good Faith and clauses in the policy. It arises at inception, renewal and whenever previously disclosed facts change. If you are in doubt as to whether a fact is one that you should disclose, you should declare it to Abbott Insurance regardless.

You should advise us as soon as reasonably practicable of any changes in your circumstances that may affect the services to be provided by Abbott Insurance, or the cover provided under your insurance policy.

DECLARATION

1. I/We declare that
 - (a) this form has been completed after proper enquiry;
 - (b) its contents are true and accurate
 - (c) all matters which may be relevant to the consideration of your needs for insurance have been disclosed.

2. I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

3. I/We agree that completing this form does not bind me/us, the broker or the insurer into entering into a contract of insurance.

Signature of Proposer

Date

A copy of this form should be retained for your records.