



**KBIS COURSE BUILDERS PROPOSAL FORM**

**Title:** Mr/Mrs/Miss/Ms

**Name:** .....

**Address** .....  
.....  
.....

**Postcode:** .....

**Telephone:** .....

1. Please provide a full description of your business activities.

2. Please provide details of experience and any qualifications held.

2. Where do you operate?      UK Only       UK & EEC       Worldwide

3. Limit of Indemnity Required      £1,000,000       £2,000,000       £5,000,000

4. Do you require Employers Liability? (Limit of Indemnity £10 million)      Yes       No

If yes, please state number of persons employed

5. Are you presently insured in respect Public/Products liability risks?

Yes  No

(if yes, please give details of insurer(s) and indemnity limits)

6. Have you, or any partner in business with you ever been prosecuted for an offence against any legislation or regulations?

Yes  No

(If yes, please attach full details. Use a separate sheet if necessary)

7. In Connection with any Liability Insurance:-

i.) Have you, or any partner in business with you, had any proposal for insurance declined, renewal refused, cover terminated or special terms and conditions imposed by any insurer?

Yes  No

ii.) Has any incident occurred over the past five years involving bodily injury or damage to property whether a claim was made or not?

Yes  No

iii.) If the answer to i.) or ii.) above is 'Yes' please give date and full details and dates below:

**I/We the undersigned hereby declare that all the above particulars and answers are true and complete in every respect, that no material fact has been suppressed or withheld and I/We further declare that if such statements and particulars are in the writing of any person other than the undersigned such person shall be deemed to have been my/our agent from the purpose of filling in the same and i/We agree that this Proposal and Declaration shall be the basis of the Contract between Me/Us and the Underwriters and shall be deemed to be incorporated in such Contract and I/We further agree to accept the ordinary form of Policy issued by the Underwriter for this class of Insurance.**

Signed: .....

Please also print: .....

Status/Position: .....

Dated: ...../...../20.....