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| --- | --- |
| **Insured:** |  |

Please complete the following:

## *Confirmed wageroll / turnover for the last period of insurance:*

Period from  to  both dates inclusive

|  |  |
| --- | --- |
| Employers Liability: |  |
| Clerical / Non manual: | £ |
| Manual (ex work away): | £ |
| Manual Work away wages: | £ |
| Other (please specify): | £ |
|  | £ |

|  |  |
| --- | --- |
| Public/Products Liability – Turnover split between: | |
| UK / Europe: | £ |
| Worldwide other than USA / CANADA: | £ |
| USA / Canada | £ |

To enable us to obtain renewal terms for the above risk, please complete and return the following declaration:-

## *Projected wageroll / turnover for the forthcoming period of insurance:*

Period from  to  both dates inclusive

|  |  |
| --- | --- |
| Employers Liability: |  |
| Clerical / Non manual: | £ |
| Manual (ex work away): | £ |
| Manual Work away wages: | £ |
| Other (please specify): | £ |
|  | £ |

|  |  |
| --- | --- |
| Public/Products Liability – Turnover split between: | |
| UK / Europe: | £ |
| Worldwide other than USA / CANADA: | £ |
| USA / Canada | £ |

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| --- | --- |
| Additional Information: | |
| i) | Details of any alteration to this risk in the last twelve months or expected in the next twelve months |
| ii) | Details of any heat application away from the premises |
| iii) | Have there been any claims or incidents that may give rise to a claim in the last twelve months |
| iv) | Please advise of any alterations in the claims experience for the previous five years, since the current insurance was agreed by Underwriters |

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| Employers Liability Tracing Office (ELTO): | |
| The Insurance Industry has established the Employers Liability Tracing Office (ELTO). ELTO is an independent body set up to help those who have suffered injury or disease in the workplace to identify the relevant insurer quickly and efficiently.  The new approach will see the introduction of a centralised database capturing key data on all UK EL policies.  From 01st April 2011, we will be requested by Underwriters to supply the following required information: | |
| The full names of all Insured companies: | **Address:** |
|  |  |
|  |  |
|  |  |
| Employers Reference Numbers (ERN) (The ERN is also commonly referred to as ‘Employer PAYE Reference) | **Company/Subsidiary Name:** |
|  |  |
|  |  |
|  |  |

Signed: Dated:

( )