

LIABILITY INSURANCE PROPOSAL FOR CONTRACTORS IN OIL INDUSTRY

Name of Proposer:-

Company Name if Applicable:

If not a Limited Company show the full names (including forenames) of all principals or partners and the full trading name.

This Section Must Be Completed In Full

Nationality:

Telephone No.:

Fax No.:

e-mail address:

Full address including postcode

The Business for which this insurance is required

Give a description of the business, as you would wish us to describe it in the Certificate

For how many years has the business been established?

If you are working on behalf of an Employment/Recruitment Agency at Inception/Renewal, Will this Agency be Keltec Petroleum Services Ltd? **YES/NO**

Cover Required

Employers' Liability:-

Limit of Indemnity: £10,000,000 any one occurrence and/or series of occurrences arising out of any one event.
Please note that the limit will be £5,000,000 in respect of work Offshore on Rigs or Platforms

Public Liability:-

Indemnity Limit: £2,000,000 any one occurrence and/or series of occurrences arising out of any one event.

Claims

Have there been any incidents in the last 5 years, which have, or could have, given rise to any claims? **YES/NO**

If YES please give details below:

| <u>Year</u> | <u>Description/Circumstances</u> | <u>Amount Paid</u> | <u>Outstanding</u> |
|-------------|----------------------------------|--------------------|--------------------|
| | | | |
| | | | |
| | | | |

General

Do you undertake any MANUAL work? **YES/NO**

If YES please provide specific details below (Important)

Does your work involve OFFSHORE TRIPS **YES/NO**

If YES please provide details of the maximum number of days spent offshore in any year and describe FULLY the work undertaken.

Other than yourself, do you have any other working Employees who require Offshore/Onshore coverage? **YES/NO**

Please supply Names of these Employees in the table below and if they will be working Offshore/Onshore:

| | Name | Onshore / Offshore |
|---|-------------|---------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

Please provide details of Wages paid:- **Principal:** £
Others: Offshore £
Onshore £

Has any Insurer ever declined your Proposal, refused to renew or cancelled your policy or imposed special items? **YES/NO**

If YES please give the name of the Insurers, details of their action and their reasons for it.

For whom did you undertake the majority of your work over the last twelve-month period?

What was the duration of this work?

Who are likely to be your principal employers during the forthcoming twelve-month period?

Estimated duration of Work?

Location of Work?

Period of Insurance

No insurance is in force until this Proposal has been accepted by the Company.

From: _____ To: _____

Declaration

Very Important

You are reminded of the need to disclose any facts, which the Company would take into account in the assessment and acceptance of this proposal. If you have any doubts as to whether certain facts are relevant please ask your Broker. Failure to disclose all relevant facts may invalidate your Certificate not operating fully.

I declare that the information given in this Proposal Form is to the best of my knowledge and belief, correct and complete in every detail and will be the basis of the contract between me and The Underwriters (The Company).

Signed: _____

Date: _____