

# Employers' Liability – Catastrophe Questionnaire

To be completed for all quotations and for renewal of all policies where the payroll exceeds £1m and or a limit of indemnity in excess of £10m is required.

Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Business: \_\_\_\_\_ Limit of Indemnity Required (circle)  
 \_\_\_\_\_  
 £15m  
 £20m  
 £25m

Total number of locations: \_\_\_\_\_

Total number of employees: \_\_\_\_\_

Total Salaries / Wages: \_\_\_\_\_ Clerical  
 \_\_\_\_\_ Manual

Please give details of all locations (premises or contract sites) at which you have more than 50 employees working at any one time

Location Address	No of Employees	Type of Location e.g. office, building site, factory (state activity)	Salaries / Wages (if available)

Please provide a brief description of what you envisage would be the worst case scenario for any incident where you could be held liable for death / injury of your employees.

Description (what / how)	Location (where)	No Killed/Injured
		10/20

**Completed by**

**Position**

**Date**

*This form must be signed by an authorised representative of the company such as a Partner, Director or Company Secretary*