

geo

Name of Insured:		
1. General		
How much of your turnover relates to work involving removal/handling of asbestos (approx %)?		%
Do you hold or have you ever held an asbestos licence issued by HSE?	YES	$\bigcirc$ NO
If Yes, provide details:		
Do you <b>only</b> carry out work with asbestos that does not require a licence to be issued by HSE?	YES	O NO
Do you comply with your legal duties under the Control of Asbestos Regulations 2012?	YES	O NO
If No, provide details:		
2. Training		
Has adequate information, instruction and training been given to those employees who are liable to be exposed to to asbestos in line with the Control of Asbestos Regulations 2012?	YES	○ NO
Do you carry our 'Refresher Training' each year to all appropriate workers?	YES	○ NO
If No, provide details:		
3. Risk Assessments & Planning the Work		
Do you carry out individual risk assessments for each site/workplace?	YES	O NO
Do you prepare a plan of work that all employees are made aware of?	O YES	$\bigcirc$ NO
Does the plan of work include details of what to do if you uncover or damage materials that may contain asbestos?	YES	○ NO
Are you aware of the requirements and procedures for reporting notifiable non-licensed work (NNLW)?	YES	O NO
If No, provide details:		

## 4. Personal Protective Equipment (PPE)

Is someone named as responsible for identifying and is	suing PPE?	YES	$\bigcirc$ NO
Have all employees been trained in the use of personal any respiratory protective equipment?	protective equipment including	YES	○ NO
Have all employees signed to acknowledge receipt of s	uch equipment?	YES	O NO
Is PPE provided to all employees in an efficient working	order and maintained?	YES	O NO
Do you follow HSE guidelines on the use, training & mo protective equipment?	iintenance of personal	YES	○ NO
If No, provide details:			
5. Claims			
Have you ever had any previous claims or incidents rela	ating to asbestos?	○ YES	$\bigcirc$ NO
If Yes, provide details:			
6. Additional Information (Please provide any other material information below	)		,
Signed:	Position:		
Name:		/	

01702 713636 • info@geounderwriting.com



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