



Proposer's full name (including trading name and names of all Partners) .....

.....  
.....

Postal Address .....

.....  
..... Postcode .....

Fully describe the business activities undertaken (If possible give % of types of work) .....

.....  
.....

Date business established (or years experience if sole trader) DD / MM / YYYY No. of Years .....

1. Primary Policy

1a. Inception Date DD / MM / YYYY .....

1b. Insurers .....

1c. Primary PL premium (ex IPT) .....

1d. Primary Public & Products Liability Limit of Indemnity .....

1e. Exclusions applied to policy .....

.....

2. Cover required

2a. Excess Layer required .....

2b. Current Excess Layer Insurer and Premium .....

3. Please provide details of estimated numbers and annual gross payments to the following:

	Number	Payments (£)
Manual - premises	.....	.....
Manual - working away hot	.....	.....
Manual - working away other	.....	.....
Bona-fide sub-contractors	.....	.....



3b. Please provide annual turnover

Category	Estimated Annual Turnover (£)
Within the UK only	.....
Within the USA and/or Canada	.....
Elsewhere in the world	.....

4. Have you or any Principals or Directors in the business or any previous company in which you were involved suffered any liability, loss or incident during the last 5 years whether insured or not? Yes  No

4a. If Yes please give details below.

Cover	Date of loss	Details	Settled claims amount paid	O/S claims est. cost
Public Liability/ Products	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Broker: .....

Contact name: .....

Reference: .....

Tel number: ..... Fax number: .....

Email address: .....

Please return the completed form to:

G.B. Brokers - This Insurance, Pearl Assurance House, 15-17 Waterloo Road, Wolverhampton, West Midlands, WV1 4DJ  
N.I. Brokers - This Insurance, Arthur House, 41 Arthur Street, Belfast, Northern Ireland, BT1 4BG