

## Liability Quotation Form

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_

### **NATURE OF BUSINESS**

\_\_\_\_\_

Year Established: \_\_\_\_\_

**Any Heat work involved: Y / N**

If so please advice type of heat applied and if any heat work away from business premises:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Wages:**

Clerical: £ \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Manual: £ \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Annual Gross Profit: \_\_\_\_\_

Annuual Turnover: \_\_\_\_\_

**Do you carry out sub contracting work? Y / N**

*Bona Fide Sub-Contracting:* £ \_\_\_\_\_ Number of Employees: \_\_\_\_\_

*Labour Only Sub-Contracting:* £ \_\_\_\_\_ Number of Employees: \_\_\_\_\_

DOORMAN/SECURITY: £ \_\_\_\_\_ Direct or Agency Y/N: \_\_\_\_\_

### **CLIENT HISTORY**

**Details of any losses suffered in the last five years whether claimed for or not:**

• Year: \_\_\_\_\_

• Type of claim: \_\_\_\_\_

• Amount paid £ \_\_\_\_\_

• Year: \_\_\_\_\_

• Type of claim: \_\_\_\_\_

• Amount paid £ \_\_\_\_\_

• Year: \_\_\_\_\_

• Type of claim: \_\_\_\_\_

• Amount paid £ \_\_\_\_\_

**Existing Insurer:** \_\_\_\_\_

**Renewal Date:** \_\_\_\_\_

**Premium Paid:** \_\_\_\_\_