

About The Business

Trading Name			
Legal Status (Ltd/Partners/Sole Trader)			
Business Description			
Date Established		If New Venture, Years of Experience	
Contact Name			
Business Address			
Telephone Number		Postcode	
E-Mail Address		Fax No.	

Public & Products Liability

Limit of Indemnity Required	£ ,000,000	(£1,000,000/£2,000,000 or £5,000,000)
What Is Your Annual Turnover	£	(Please use figure from last accounts)
Bona Fide Sub Contractors	£	(Total payments to supply & fix contractors)
Number Of Manual Employees		(Including yourself)
Do You Use Heat/Welding Equip		(YES or NO)
Away From Your Premises		(YES or NO)
If Yes, Please Provide Details		
Do You Work At Heights		If YES, please state height limit in metres
Do You Work At Depths		If YES, please state depth limit in metres

Employers Liability

Required Limit of Indemnity	£ ,000,000	Standard limit is £10,000,000	
Wages (per annum)			
Clerical Wages	£	Number of people	
Manual Direct Employees	£	Number of people	
Woodworking Machinists	£	Number of people	
Labour Only Sub Contractors	£	Number of people	

Claims Experience

Please provide details of any claims in last 5 years

Claim Date	Amount	description of incident
	£	
	£	
	£	

Current Insurance Details

Insurer		
Renewal Date		Important so that we may quote on time
Premium Paid last year	£	Important for competitor analysis

Additional Notes

WE MIGHT NEED TO CONTACT YOU FOR FURTHER INFORMATION

Members of the General Insurance Standards Council

www.ainsbury.co.uk

PRINT FORM AND FAX TO 0161 727 8298

PRINT FORM AND FREEPOST TO COMMERCIAL RISK

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