

Proposers 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) . . No. of Years

- 1.
- 1a.
- 1b.
- 1c.
- 1d.
- 1e.

Primary Policy

Inception Date . .

Insurers

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

Primary Public & Products Liability Limit of Indemnity

Exclusions applied to policy

- 2.
- 2a.
- 2b.

Cover required

Excess Layer required.....

Current Excess Layer Insurer and Premium

- 3a.

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

	Number	Payments
Manual - premises		£
Manual - work away hot		£
Manual - work 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 claim 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 estimated cost
Public Liability / Products				

Broker

Contact name

Reference

Tel number Fax number

Email address

Registration Number: 3921079 • Registered Office: Pearl Assurance House, 15-17 Waterloo Road, Wolverhampton, West Midlands, WV1 4DJ
 Ingham Underwriting is the trading name of Ingham & Co (Liabilities) Ltd. We are authorised and regulated by the Financial Services Authority (Firm Reference Number 309830)