



# ABBOTT INSURANCE

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Cowdenbeath  
Fife  
KY4 9NF  
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## Contractors Combined Application

|                   |  |
|-------------------|--|
| Client Name       |  |
| Contact Name      |  |
| Operating Address |  |
| Telephone         |  |
| Renewal Date      |  |
| Quote Target Date |  |
| Target Premium    |  |
| Broker Contact    |  |



## DEMANDS & NEEDS

1. This Quote Request is fundamental to our research for insurance cover that meets the demands & needs of a business owner who wishes to have insurance cover in place to:
- be indemnified for their legal liabilities to their employees through liability insurance
  - be indemnified for their legal liabilities to the public through liability insurance
  - protect their assets through property damage or theft
  - protect third party assets in their custody through damage or theft
  - protect site equipment through damage or theft
  - protect work in progress through damage or theft

***Other Demands & Needs:***

None

The details in this Quote Request records the information you have supplied to allow us to research insurance companies and insurance products that meet your requirements.

The information recorded in this document has been material in our assessment of

- 1) your eligibility for insurance policies available,
- 2) the terms and conditions applying to the policies being offered or recommended;
- 3) the insurance premium quoted.

Please check this document carefully. If there are any errors or omissions, please contact us immediately. Failure to do so could result in the subsequent insurance policy being invalidated from inception or a claim being repudiated.

## INSURANCE SUMMARY

### Insurance History & Requirements

2. Current Insurer  
Renewal Date

|  |
|--|
|  |
|  |

Summary of Cover Required

*summary to be completed by broker after form is completed*

|                                  |   |
|----------------------------------|---|
| Public Liability                 | £ |
| Employers' Liability             | £ |
| All Buildings                    | £ |
| All Contents                     | £ |
| All Stock                        | £ |
| Maximum Contract Price           | £ |
| Own Plant & Equipment            | £ |
| Hired-In Plant Charges           | £ |
| Hired-in Plant & Equipment Value | £ |
| Terrorism (MD)                   | £ |
| Terrorism (BI)                   | £ |
| Business Interruption            | £ |
| Computers                        | £ |
| Money                            | £ |

| <i>Please indicate which other covers are required.</i> |  | <i>Due Date</i> |
|---|--|-----------------|
| Vehicle Insurance                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |
| Goods In Transit  | Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |
| Legal Expenses  | Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |
| Personal Accident                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |
| Business Travel   | Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |
| Directors & Officers                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |
| Professional Indemnity                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |
|   | Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |

## CONTACT DETAILS

### Company Name & Status

|           |                        |   |          |      |
|-----------|------------------------|---|----------|------|
| <b>3.</b> | Business Name          |   |          |      |
|           | Status                 | Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/><br>Limited Company <input type="checkbox"/> Registered Charity <input type="checkbox"/><br>Private Individuals <input type="checkbox"/> |          |      |
|           | Correspondence Address |   |          |      |
|           |                        |   |          |      |
|           | Telephone              |   | Postcode |      |
|           | E-mail                 |   | Fax      |      |
|           |                        |   | Web Site | www. |

## BUSINESS DETAILS

### Details

|           |  |  |
|-----------|--|--|
| <b>4.</b> | Date Established:                                    |  |
|           | How many years experience do you have in this trade? |  |
|           | Names of Principals:                                 |  |
|           | Nature of Business:                                  |  |

Please describe fully your business activities

#### Breakdown by Business Activities

|  |      |
|--|------|
|  | %    |
|  | %    |
|  | %    |
|  | %    |
|  | %    |
|  | %    |
|  | 100% |

#### Details of Accreditation & Trade Group Membership

## BUSINESS PROFILE

### Turnover

5. Please give a breakdown of your annual turnover. This should be based on the actual figures for the past year or the forecast for the coming year. Please indicate which.

Last Year Actual Turnover  Current/Next Year Forecast

|              |   |
|--------------|---|
|              | £ |
|              | £ |
|              | £ |
|              | £ |
|              | £ |
| <b>Total</b> | £ |

### Staff Details

Please include directors of a limited company as employees.

|                                   | Number involved | Annual Wages |           |
|-----------------------------------|-----------------|--------------|-----------|
|                                   |                 | Premises     | Work Away |
| <b>Manual Principals</b>          |                 | £            | £         |
| <b>Clerical Principals</b>        |                 | £            | £         |
| <b>Clerical Employees</b>         |                 | £            | £         |
| <b>Manual Employees</b>           |                 |              |           |
|                                   |                 | £            | £         |
|                                   |                 | £            | £         |
|                                   |                 | £            | £         |
|                                   |                 | £            | £         |
|                                   |                 | £            | £         |
|                                   |                 | £            | £         |
|                                   |                 | £            | £         |
|                                   |                 | £            | £         |
| <b>Labour Only Sub-Contractor</b> |                 | £            | £         |
| <b>Total</b>                      |                 | £            | £         |

|                                  | Number of working days per year | Total Annual Payments |           |
|----------------------------------|---------------------------------|-----------------------|-----------|
|                                  |                                 | Premises              | Work Away |
| <b>Bona-Fide Sub-Contractors</b> |                                 | £                     | £         |
| <b>Temporary Employees</b>       |                                 | £                     | £         |

Notes:

## AREAS OF WORK

### Areas of Work

6. In which geographical areas do you work?

|                            |                          |                            |                          |        |                          |
|----------------------------|--------------------------|----------------------------|--------------------------|--------|--------------------------|
| UK                         | <input type="checkbox"/> | Northern Ireland           | <input type="checkbox"/> | Europe | <input type="checkbox"/> |
| WW excluding North America | <input type="checkbox"/> | WW including North America | <input type="checkbox"/> |        |                          |

What is the maximum height at which you will work?  
Breakdown of Height Work

|             |   |
|-------------|---|
|             |   |
| Ground Work | % |
| Under 10m   | % |
| > 10m – 15m | % |
| >15m – 20m  | % |
| >20m – 30m  | % |
| >30m        | % |

What is the maximum depth at which you will work?  
Breakdown of Depth Work

|           |   |
|-----------|---|
|           |   |
| Under 1m  | % |
| >1m – 2m  | % |
| > 2m – 3m | % |
| >3m       | % |

Does any of your work involve the application of heat?  
If Yes, what type of heat (and %)

|  |   |
|--|---|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| Hot Air  | % |
| Naked Flame  | % |
| Welding  | % |
| Lead Burning   | % |
| Other  | % |

Do you handle any hazardous goods or product including but not restricted to asbestos?  
If asbestos,

|  |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|

Is this restricted to non-notifiable asbestos?

|  |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|

Do you hold an asbestos licence?

|  |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|

Breakdown of properties worked on

|                                   |   |
|-----------------------------------|---|
| PDH                               | % |
| Light Commercial (shops, offices) | % |
| Schools, Colleges & Churches      | % |
| Light Industrial                  | % |
| Industrial                        | % |
| Hazardous Locations               | % |

If hazardous goods or locations, please give details.

## BUILDINGS & CONTENTS (Principal Operating Address)

### Location

7. Address 

|  |          |  |
|--|----------|--|
|  |          |  |
|  |          |  |
|  | Postcode |  |

Usage 

|  |
|--|
|  |
|--|

Is the property self-contained? 

|  |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|

### Construction

Description 

|                                   |  |  |
|-----------------------------------|--|--|
| Detached <input type="checkbox"/> | Semi-detached <input type="checkbox"/> | Industrial Unit <input type="checkbox"/> |
| Other <input type="checkbox"/>    |  |  |

Walls 

|  |
|--|
|  |
|--|

Roof 

|  |
|--|
|  |
|--|

Flat roof construction 

|  |
|--|
|  |
|--|

Flat roof percentage 

|  |               |  |
|--|---------------|--|
|  | Flat roof age |  |
|--|---------------|--|

Year Built 

|  |
|--|
|  |
|--|

Other details (listed, repaired, flood, subsidence) 

|  |
|--|
|  |
|--|

Sandwich Panel in the Construction? 

|  |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes, please provide details on insulation material.   |

### Security

Physical Security 

|   |  |
|---|--|
| Local Authority CCTV  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Private CCTV  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| External Locks BS3621 mortice deadlocks                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Key operated windows  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other Physical Security (guards, fences, walls, grills etc) |  |

Detail of Alarm approvals & maintenance:

Signalling 

|  |
|--|
|  |
|--|

Fire Alarms 

|  |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|

Smoke Detectors 

|  |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|

Extinguishers 

|  |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|

Sprinklers 

|  |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|

Notes 

|  |
|--|
|  |
|--|

Please use additional "Buildings & Contents" pages if there is more than one property location. Please indicate how many additional pages have been completed.

Number of additional pages for other properties? 

|  |
|--|
|  |
|--|

## HEALTH & SAFETY

|   |   |
|---|---|
| Is there an agreed and enforced H&S policy in operation?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Do you have a designated person managing Health & Safety  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Is Health & Safety training given to all staff throughout their employment with you?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Is a record kept of all Health & Safety training given to staff?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Are you a member of any trade organisation that provides health & safety information and training?                                | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Do you undertake and record health & safety risk assessments?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Do you use an external Risk Management Consultant?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Is protective clothing and equipment supplied and its use enforced?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Do you have an accident book? How often is it reviewed?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Has any notice been served on you by the Health & Safety Executive in the last 3 years, or have you been prosecuted in that time? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Is there an enforced No-Smoking policy in operation?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

## MAINTENANCE

|  |   |
|--|---|
| Are there maintenance programmes in force for:                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Buildings?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Electrical Installation?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| <i>Has the electrical installation been inspected/certified in the past 5 years?</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Plant / Equipment?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Fire extinguishing appliances?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Intruder Alarm?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Computer data backup and recovery  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

## HAZARDOUS GOODS & WASTE MANAGEMENT

|  |   |
|--|---|
| Are flammable liquids, gasses and substances kept in a secure store and only withdrawn as required?                | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Do you have COSHH procedures for safe handling of chemicals?<br><i>(Control of Substances Hazardous to Health)</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Do you have a documented procedure for waste management and regular waste disposal?                                | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

Please give additional information if relevant

## TAX INVESTIGATIONS & VAT DISPUTES

|  |  |
|--|--|
| Are your accounts prepared by a qualified accountant? How many years has this been the case? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/><br>years |
| Have you ever been investigated by the Inland Revenue or the department of Social Services?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>          |
| Have you ever been involved in a VAT dispute?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>          |

## LIABILITY

**Public & Product Liability**

8. Is Public & Products Liability required? (Mandatory)  
What Limit of Indemnity is Required?

|   |             |
|---|-------------|
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |             |
| <input type="checkbox"/>  | £1,000,000  |
| <input type="checkbox"/>  | £2,000,000  |
| <input type="checkbox"/>  | £5,000,000  |
| <input type="checkbox"/>  | £10,000,000 |
| <input type="checkbox"/>  |             |

**Employers Liability**

Is Employers Liability required?  
Standard Limit is £10,000,000 unless otherwise stated?

|  |             |
|--|-------------|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |             |
| <input type="checkbox"/>                                 | £10,000,000 |
| <input type="checkbox"/>                                 |             |

## MATERIAL DAMAGE

**Buildings**

9. Buildings Declared Value  
Day One Uplift  
Tenants Improvements  
Subsidence Cover Required?  
*If yes, please ask for the additional questionnaire.*

|  |  |
|--|--|
| £  |  |
| %  |  |
| £  |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |  |

**Contents**

General Contents(office)  
Fixtures & Fittings  
Electronic Contents  
General Stock (secured)  
General Stock (in the open)  
High Risk Stock  
Premises based Plant & Equipment (not site plant)  
Client Contents & Other Third Party Contents

|   |
|---|
| £ |
| £ |
| £ |
| £ |
| £ |
| £ |
| £ |
| £ |
| £ |

**Notes:**

Site plant is plant used away from the business premises and should be covered under the "owned plant" section of the Contractors All Risks.  
This is a summary of cover if there is more than one operating location as detailed in the relevant Supplementary Page.

## PLANT & TOOLS

### Hand Tools

10. Is Cover under this section required?  
 What is the total value of hand tools?  
 What is the value of the single most expensive tool?  
 Where are the tools kept overnight?

|  |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| £  |
| £  |
|  |

### Hired Plant

- Is Cover under this section required?  
 What are the total annual hire charges?  
 What is the value of the single most expensive item?

|  |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| £  |
| £  |

### Own Plant

- Is Cover under this section required?  
 Is your plant or equipment hired out?  
  
 What is the total value of plant & equipment?  
 What is the value of the single most expensive item?  
 Where is the plant & equipment stored overnight?  
 What are the security arrangements for plant?

|   |
|---|
| Yes <input type="checkbox"/> No <input type="checkbox"/>    |
| Yes <input type="checkbox"/> No <input type="checkbox"/>    |
| <i>If yes, please provide a copy of your terms of hire.</i> |
| £   |
| £   |
|   |
|   |

### Specified Plant

(for all items with a value in excess of £2,500).

*Please complete Plant Register if more space is required.*

| Item Description | Value |
|------------------|-------|
|                  | £     |
|                  | £     |
|                  | £     |
|                  | £     |
|                  | £     |
|                  | £     |
|                  | £     |

## CONTRACT WORKS

### Contracts

11. Is Cover under this section required?  
 What is the value of your largest contract?  
 What is the duration of your longest contract?  
 Please give a brief overview of the contract

|  |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| £  |
|  |
|  |
|  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
|  |
|  |

- Does any site have any high risk areas?  
 (Cliffs, ponds, shafts etc)  
 Are any sites on "made-up" or reclaimed land?  
 Are any sites in an area prone to flooding?  
 Postcode Prefix of main Site(s)  
 Please give details

## GROUP PERSONAL ACCIDENT & ILLNESS

| <b>Scope</b>   | <b>12.</b> Is this section required?<br><br>If Yes, numbers to be covered?<br><br><br>Maximum Age of Insured Persons<br><br>Highest Annual Wage of Insured Persons<br><br>Capital Sum<br><br>Death Benefit<br><br>Weekly Benefit<br><br><br>Jurisdiction<br><br><br><br>Weekly Benefit<br><br>Are all persons in a good state of health?<br><br><br>Do you work in any hazardous locations?<br><br>Does any person take part in any hazardous activities or contact sports? | Yes <input type="checkbox"/> No <input type="checkbox"/>   |        |        |                |  |                    |  |
|--|---|--|--------|--------|----------------|--|--------------------|--|
|  |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Number</th> </tr> <tr> <td>Manual Persons</td> <td></td> </tr> <tr> <td>Non-Manual Persons</td> <td></td> </tr> </table> |        | Number | Manual Persons |  | Non-Manual Persons |  |
|  |   |  | Number |        |                |  |                    |  |
|  |   | Manual Persons   |        |        |                |  |                    |  |
|  |   | Non-Manual Persons   |        |        |                |  |                    |  |
|  |   | £  |        |        |                |  |                    |  |
|  |   | £  |        |        |                |  |                    |  |
|  |   | £<br>(or % of wages            %)  |        |        |                |  |                    |  |
|  |   | <input type="checkbox"/> UK <input type="checkbox"/> Europe <input type="checkbox"/> world-wide<br><input type="checkbox"/> 24 x 7 <input type="checkbox"/> working hours only   |        |        |                |  |                    |  |
|  |   | £  |        |        |                |  |                    |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |   |  |        |        |                |  |                    |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |   |  |        |        |                |  |                    |  |
| <b>Personal Accident</b>                                 |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
| <b>Illness</b>   |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
| <b>Hazards</b><br><i>If yes, please give details</i>     |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |
|  |   |  |        |        |                |  |                    |  |

## GOODS IN TRANSIT

|               |                                      |  |
|---------------|--------------------------------------|--|
| <b>Scope</b>  | <b>13.</b> Is this section required? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|               |                                      | £  |
|               |                                      |  |
|               |                                      |  |
|               |                                      | £  |
|               |                                      |  |
| <b>G.I.T.</b> |                                      |  |
|               |                                      |  |
|               |                                      |  |
|               |                                      |  |
|               |                                      |  |
|               |                                      |  |

## BUSINESS INTERRUPTION

|                    |            |                                      |  |
|--------------------|------------|--------------------------------------|--|
| <b>Scope</b>       | <b>14.</b> | Is this section required?            | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| <b>Sum Insured</b> |            | Increased cost of working            | £  |
|                    |            | Loss of Revenue                      | £ per annum  |
|                    |            | Gross Profit                         | £ per annum  |
|                    |            | Indemnity Period                     | <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months |
|                    |            | Denial of access cover required?     | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
|                    |            | Failure of utilities cover required? | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
|                    |            | Other BI Extensions Required         | <i>(additional detail may be required)</i>   |
|                    |            | Computer Increased Cost of Working   |  |
|                    |            | Computer Reinstatement of Data       |  |

## PROFESSIONAL INDEMNITY

|                      |            |  |   |
|----------------------|------------|--|---|
| <b>Scope</b>         | <b>15.</b> | Is this section required?  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| <b>Areas of Work</b> |            | Please indicate areas of PI  | <input type="checkbox"/> Electrical Safety & PAT<br><input type="checkbox"/> Gas Safety<br><input type="checkbox"/> Security Systems *<br><input type="checkbox"/> Property / Building Design *<br><input type="checkbox"/> Other |
|                      |            | Please describe fully your business activities where you design or give advice for a fee |   |
|                      |            | Limit of Indemnity   | £   |
|                      |            | Turnover relating to design or advice  | £   |

\* Additional information will be required to quote Professional Indemnity. Please ask for the PI Application Form.



- Note 1:
- Note 2:
- Note 3:
- Note 4:
- Note 5:
- Note 6:
- Note 7:
- Note 8:
- Note 9:
- Note 10:

## CLAIMS HISTORY

### Claims History

16. Please give details of all business insurance claims in the past 5 years and details of all claim in excess of £10,000 in past 10 years. Use the additional space below if required.

| No. | Date | Amount | Detail |
|-----|------|--------|--------|
| 1   |      | £      |        |
| 2   |      | £      |        |
| 3   |      | £      |        |
| 4   |      | £      |        |
| 5   |      | £      |        |
|     |      |        |        |

## MATERIAL INFORMATION

Please note your obligations with respect to material facts. Material facts are those which may affect the insurers assessment of the risk. This duty of disclosure is imposed on policyholders by the legal principle of Utmost Good Faith and clauses in the policy. It arises at inception, renewal and whenever previously disclosed facts change. If you are in doubt as to whether a fact is one that you should disclose, you should declare it to Abbott Insurance regardless.

You should advise us as soon as reasonably practicable of any changes in your circumstances that may affect the services to be provided by Abbott Insurance, or the cover provided under your insurance policy.

## DECLARATION

1. I/We declare that

- (a) this quote request form has been completed after proper enquiry;
- (b) its contents are true and accurate
- (c) all matters which may be relevant to the consideration of your needs for insurance have been disclosed.
- (d) the proposer has never
  - i) had insurance refused, renewal declined or special terms applied
  - ii) had any criminal convictions, prosecutions pending or subject to an investigation that may lead to prosecution (other than motoring offences)
  - iii) been declared bankrupt or insolvent or been disqualified from being a company director

2. I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

4. I/We agree that completing this quote request does not bind me/us, the broker or the insurer into entering into a contract of insurance.

**Signature of Proposer**

**Date**

**A copy of this form should be retained for your records.**