



# ABBOTT INSURANCE

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## Group Travel Insurance Quote Request

Client Name	
Current Insurer	
Due Date	
Target Premium	
Abbotts' Contact	

Please complete all questions as fully as possible and return the form to any Abbott Insurance office. This form is available in paper, Adobe PDF or Microsoft Word 97 making it easier to post, fax or email. Please ask for details.

If you would like this form in large print, please call  
01383 511442



## CONTACT DETAILS

<b>Company Name &amp; Status</b>	<b>1.</b> Business Name			
	Contact Name			
	Status	Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>	
		Limited Company <input checked="" type="checkbox"/>	Registered Charity <input type="checkbox"/>	
	Address			
	Telephone		Postcode	
	E-mail		Fax	
		Web Site		

## DEMANDS & NEEDS

- 2.** 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 liabilities resulting from medical emergencies or repatriation of insured persons whilst travelling on business
  - be indemnified for their legal liabilities for accidental injury, loss or damage caused by the insured to a third party or their property through personal liability insurance whilst travelling on business
  - Extend travel insurance cover for insured persons and their families when on personal holiday travel
  - Further extend cover to the holiday travel insurance to include winter sports activities
- 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.

## BUSINESS DETAILS

<b>Details</b>	<b>3.</b> Nature of Business:	
	Please describe fully your business activities whilst travelling	

## INSURANCE DETAILS

### Insurance History & Requirements

4. Current Insurer  
Renewal Date


Summary of Cover  
Required

Medical Expenses	£	5,000,000
Personal Accident	£	50,000
Personal Liability	£	2,000,000
Cancellation, curtailment, personal baggage, personal money etc	£	Standard

*Please indicate which other covers are required.*

*Due Date*

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Public & Employers' Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Vehicle Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Personal Accident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Buildings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Contents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Stock	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Goods In Transit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Tools, Plant & Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Business Interruption	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Contractors All Risks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Professional Indemnity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Legal Expenses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Event Insurance	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"/>	

## BASIC DETAILS

### Nature of Work

5. To which geographical areas do you travel?

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"/>		

Insured Persons

Directors	<input type="checkbox"/>	Employees	<input type="checkbox"/>
Contractors	<input type="checkbox"/>	Families of above	<input type="checkbox"/>
Named Employees	<input type="checkbox"/>	<i>Please list below</i>	

Are any persons to be insured normally resident outside the UK?

Yes  No

Will trips involve manual work or hazardous activities?

Yes  No

Do you have any trips planned likely to involve visits to countries in a state of war or civil unrest or faced with a threat of war?

Yes  No

Are any insured persons aged over 70?

Yes  No

Does any of those insured have any pre-existing medical conditions?

Yes  No

Do you require cover for holiday trips?

Yes  No

Do you require cover for winter sports?

Yes  No

Do you work in any hazardous locations?

Yes  No

If you have answered yes to any of the above, please give details.

## TRAVEL PROFILE

### Travel Pattern

6. Please give a breakdown of your annual travel profile to include the number of individual business trips for each category. Do not include holiday trips. For example, 3 people on the same trip will count as 3 trips..

	UK	Europe	World Wide (Ex N.A.)	North America
Up to 4 days				
5 - 7 days				
8 - 14 days				
15 - 21 days				
22 - 31 days				
up to 2 months				
Up to 3 months				
Up to 6 months				
Up to 12 months				

## CLAIMS HISTORY

### Claims History

7. Please give details of all business insurance claims in the past 5 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.

3. 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.**