



ABBOTT INSURANCE

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Combined Liability 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

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

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 legal liabilities to their employees through liability insurance
 - be indemnified for their legal liabilities to the public through liability insurance
- 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

Details	3. Please describe your business fully.	
	Date Established:	
	How many years experience do you have in this trade?	
	Names of Principals:	
	Nature of Business:	
	Please describe fully your business activities	

AREAS OF WORK

Areas of Work

4. 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?

Does any of your work involve the application of heat?

Yes No

Do you work in any hazardous locations?

Yes No

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

INSURANCE DETAILS

Insurance History & Requirements

5. Current Insurer
Renewal Date

Summary of Cover Required

Public Liability	£
Employers Liability	£
Product Liability	£
Property Owners Liability	£

Please indicate which other covers are required.

Due Date

	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"/>	

BUSINESS PROFILE

Turnover

6. 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

UK	£
Europe	£
WW	£
Total	£

Staff Details

Please include labour only sub-contractors as employees.

	Number of Employees	Annual Wages	% Work Away
Manual Principals		£	
Clerical Principals		£	
Manual Employees		£	
Clerical Employees		£	
Drivers		£	
Bona-Fide Sub-Contractors		£	
Others		£	
Total		£	

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.