

Complete the form and email to info@abbottinsurance.co.uk
or fax on 01383 610902

Contact:

Liability Quote Request

Pages: 1

This form must only be used for sub-broked cases

Broker					
Client Name					
Company Status	Sole Trader <input type="checkbox"/>		Limited Company <input type="checkbox"/>		
	Partnership <input type="checkbox"/>		Other <input type="checkbox"/>		
Address					
Postcode					
Date Established					
Nature of Business					
Areas of work	UK <input type="checkbox"/>		Europe <input type="checkbox"/>		WW <input type="checkbox"/>
Current Insurer				Renewal Date	
Summary of Cover Required	Public Liability		£		
	Employers Liability		£		
Turnover	UK	£			
	Europe	£			
	WW	£			
	Total	£			
Headcount & Annual Wages			No.	Annual Wages	
	Driver / Porters			£	
	Porters			£	
	Clerical			£	
	Clerical Principal			£	
	Manual Principal			£	
	Total			£	
Claims History			Settled		Outstanding
	Date	Qty	Amount	Qty	Amount
Notes					

Standard Conditions:

The Proposer, partner, directors or family members involved in the business have never

1. had an insurance proposal declined
2. had renewal refused
3. had insurance cancelled
4. had special terms applied to insurance
5. been convicted of a criminal offence, been charged but not tried, or had an official police caution in respect of any criminal offence, other than a motoring offence.
6. been declared bankrupt or insolvent
7. been disqualified from being a company director