



ABBOTT INSURANCE

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Roofers 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
 - protect the investment in their assets following property damage or theft
 - protect third party assets in their custody following damage or theft
 - protect site equipment and work in progress following damage or theft
 - compensate for loss of income when unable to work through personal accident
 - compensate for loss of income when unable to work through personal illness

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. 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"/>		

Do you employ Irish or foreign nationals?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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What is the maximum height at which you will work?

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Does any of your work involve the application of heat?

No Heat	<input type="checkbox"/>
Soldering	<input type="checkbox"/>
Hot Air Guns	<input type="checkbox"/>
Blow Lamps	<input type="checkbox"/>
Welding	<input type="checkbox"/>
Flame Cutting	<input type="checkbox"/>
	<input type="checkbox"/>

If yes, what percentage of your overall work-away does heat work represent?

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Is your work other than domestic and light commercial? (Shops, offices, pubs, hotels etc)

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you work in any hazardous locations?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you have answered yes to the above, please give details.

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HEALTH & SAFETY

General

5. Do you have a Health & Safety Policy Statement?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Is it distributed to each employee and/or sub-contractor?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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Do you have procedures to check that bona-fide subcontractors carry the same level of Employers', Public and Product Liability cover as yourselves?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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Does your work involve

Use or handling of any goods (including but not limited to Asbestos) known to be potentially harmful to health or that require and hazard warning?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Erection of scaffolding by direct Employees or labour-only sub-contractors?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Erection of scaffolding by Bona-Fide Sub-Contractors?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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PLANT & TOOLS

Hand Tools	6. What is the total value of hand tools? What is the value of the single most expensive tool? Where are the tools kept overnight?	£
		£
Own Plant	Do you own plant or machinery? Is it 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		£
		£
Hired Plant	Do you hire in plant or equipment? 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"/>
		£
		£

CONTRACTORS ALL RISKS

Contracts	7. What is the value of your largest contract? What is the duration of your longest contract Please give a brief overview of the contract	£

PERSONAL ACCIDENT & ILLNESS

Personal Accident	1. Capital Sum Death Benefit Weekly Benefit Jurisdiction	£
		£
		£
		<input type="checkbox"/> UK <input type="checkbox"/> Europe <input type="checkbox"/> world-wide <input type="checkbox"/> 24 x 7 <input type="checkbox"/> working hours only
Illness	Weekly Benefit Are you in a good state of health?	£
		Yes <input type="checkbox"/> No <input type="checkbox"/>
Hazards <i>If yes, please give details</i>	Do you work in any hazardous locations? Do you take part in any hazardous activities or contact sports?	

INSURANCE SUMMARY

Insurance History & Requirements

8. Current Insurer
Renewal Date

Summary of Cover Required

Section	Limit of Indemnity
Public Liability (£1M, £2M or £5M)	£
Employers Liability	£
Tools	£
Own Plant & Equipment	£
Hired-in Plant & Equipment	£
Contractors All Risks	£
Personal Accident	£

<i>Please indicate which other covers are required.</i>	<i>Due Date</i>
Vehicle Insurance	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"/>
Legal Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

Public Liability

"Legal liability for injury, illness or disease to any member of the public and loss of or damage to their property occurring during the period of insurance."

Public Liability is compulsory with this type of insurance policy. Please select from the following Limits of Indemnity: £ 1 million, £2 million or £5 million. If higher levels of Public Liability is required, please call for details.

Employers Liability

"Legal liability for injury, illness, death, disease or nervous shock of any employee caused during the period of insurance."

Employers' Liability is compulsory if you employ anyone, including students, work-placement or temporary staff. Directors of Limited Companies are employees of the limited company and require employers' liability insurance unless the director is the ONLY employee of the firm.

Standard limit of indemnity is £10,000,000

Rating Examples:

- a) Sole Trader with no other staff
1 x Public Liability Only

- b) Sole Trader with an apprentice
2 x Public Liability and 1 x Employers Liability.

- c) Limited Company with a manual director and one other employee
2 x Public Liability and 2 x Employers Liability.

BUSINESS PROFILE

Turnover

9. 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

10. Please include labour only sub-contractors as employees.

	Number involved	Annual Wages
Manual Principals		£
Clerical Principals		£
Manual Employees		£
Clerical Employees		£
Labour Only Sub-Contractor		£
		£
Total		£

	Number of working days per year	Total Annual Payments
Bona-Fide Sub-Contractors		£
Temporary Employees		£

CLAIMS HISTORY

Claims History

11. 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.

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.