



www.mypersonalfinances.co.uk

Introducer Name	<input type="text"/>
Introducer Code	<input type="text"/>
Notes	<input type="text"/>

Freephone 0800 409 6060
Fax 0131 538 4444

Public Liability Insurance Quote Form

ABOUT THE BUSINESS

Trading Name	<input type="text"/>		
Legal Status (Ltd/Partnership/Sole Trader)	<input type="text"/>		
Trade/Business Description	<input type="text"/>		
Date Established	<input type="text"/>	(if new venture, years of experience)	<input type="text"/>
Contact Name	<input type="text"/>		
Business Address	<input type="text"/>		Post Code <input type="text"/>
Telephone Number	<input type="text"/>		Fax No <input type="text"/>
Email Address	<input type="text"/>		

PUBLIC LIABILITY

Limit Of Indemnity Required	£ <input type="text"/> ,000,000	(£1,000,000/£2,000,000 or £5,000,000)
What Is Your Annual Turnover	£ <input type="text"/>	(Please use figure from last accounts)
Bona Fide Sub Contractors	£ <input type="text"/>	(Total payments to supply & fix contractors)
Number Of Manual Employees	<input type="text"/>	(including yourself if applicable)
Do You Use Heat/Welding Equip.	<input type="text"/>	(YES or NO)
Away From Your Premises	<input type="text"/>	(YES or NO)
If Yes, Please Provide Details	<input type="text"/>	
Do You Work At Heights	<input type="text"/>	If YES, please state height limit in metres <input type="text"/>
Do You Work At Depths	<input type="text"/>	If YES, please state depth limit in metres <input type="text"/>

EMPLOYERS LIABILITY

Required Limit of Indemnity	£ <input type="text"/> ,000,000	Standard limit is £10,000,000
Wages (per annum)		
Clerical Employees	£ <input type="text"/>	Number of people <input type="text"/>
Manual Direct Employees	£ <input type="text"/>	Number of people <input type="text"/>
Woodworking Machinists	£ <input type="text"/>	Number of people <input type="text"/>
Labour Only Sub Contractors	£ <input type="text"/>	Number of people <input type="text"/>

CLAIMS EXPERIENCE

Please provide details of any claims in last 5 years

Claim Date

Amount

Description Of Incident

£

£

£

CURRENT INSURANCE DETAILS

Insurer

Renewal Date

Important so that we may quote on time

Premium Paid last year

£

Important for competitive analysis

ADDITIONAL NOTES**DECLARATION**

In signing this declaration I confirm that the information provided reflects my/the businesses current situation and understand the information supplied may be stored on computer records and may be passed to an authorised panel of insurance specialists to ensure I receive the best price and service for my insurance requirements.

Name

Signature

Position

Date

Office Use Only:

My Personal Finances Ltd
Freepost NAT 14846, Edinburgh EH6 6ZQ