

EXCESS OF LOSS EMPLOYERS' LIABILITY ENQUIRY FORM

Broker	Contact	E-mail
Branch	Tel	Fax

Client Name			
Town		Post Code	
Nature of Business or Profession			

1.	Details of wages estimates for the forthcoming year		
Clerical		Manual Premises	
Manual Work Away		LOSC	
Manual Work Outside UK		Turnover	

2.	Processes undertaken

3.	Health and Safety policy details	
4.	Work at high risk premises details	
5.	Maximum number of employees at one premises	
6.	Does the proposer undertake offshore work or asbestos related work?	Yes <input type="checkbox"/> No <input type="checkbox"/>

7.	Underlying insurer(s)	
	Underlying limit (s)	

8.	Quotations required	£5m xs £10m <input type="checkbox"/> £10m xs £10m <input type="checkbox"/> £15m xs £10m <input type="checkbox"/> Other <input type="checkbox"/> (please advise)
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Once completed please fax this form to 01242 244445 or email to enquiries@visionunderwriting.co.uk

To save an emailed copy of this form, double click on the attachment, click 'Save' on the dialogue box which appears; choose where you would like to save the file and click 'save'. You can then re-use this form in the future.