

EXCESS OF LOSS PUBLIC/PRODUCTS LIABILITY ENQUIRY FORM

Broker	Contact	E-mail
Branch	Tel	Fax

Client Name			
Town		Post Code	
Nature of Business or Profession			
Annual Policy <input type="checkbox"/> or	Contract Only <input type="checkbox"/> If contract, please advise location and duration of contract, nature of contract and fees expected		

1.	Details of turnover and wages estimates for the forthcoming year		
UK/EU		ROW	
USA/Canada		BFSC Payments	
Work Away Wages		LOSC Wages	
2.	If the proposer carries out any of the following please provide full details: offshore work, railway/railway products, dockside work/premises, aircraft products/airport work, use of explosives, demolition, safety critical motor parts, work on marine vessels		
3.	Does the proposer carry out heat work away from their premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.	Does the proposer carry out manual work outside the UK/EU?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details:	
5.	Has the proposer had any claims over £100,000 in any one year in the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details:	

6.	Underlying insurer(s)	
	Underlying limit (s)	

7.	Quotations required	£1m xs £1m <input type="checkbox"/> £4m xs £1m <input type="checkbox"/> £9m xs £1m <input type="checkbox"/> £3m xs £2m <input type="checkbox"/> £8m xs £2m <input type="checkbox"/> £5m xs £5m <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.