

EXCESS OF LOSS PUBLIC/PRODUCTS LIABILITY RENEWAL QUESTIONNAIRE

Broker	Contact	E-mail
Branch	Tel	Fax

Insured Name	
Business	
Current Policy Number	
Renewal Date	

1.	Are any changes expected to the risk or business activities in the forthcoming year? If Yes, please provide details.

2.	Details of turnover estimates for the forthcoming year		
UK/EU		ROW	
USA/Canada		BFSC Payments	
Work Away Wages		LOSC Wages	
All estimates as last year <input type="checkbox"/>			

3.	Has the Insured 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:

4.	Underlying insurer(s)	
	Underlying limit (s)	

5.	Quotations required	As expiring policy <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.