

QUOTATION FORM FOR "MARtrades" LIABILITY COVER

Fax back to: 0870 458 1058

Submitting Broker:			
Insured full name:			
Insured trading name:		Date business established:	
Insured's trading address:			
Postcode:		Commencement date for this policy:	
Please provide full details of Insured's business			
Please provide full details of Insured's business premises			
What type of premises does Insured trade from? (Please strike out those that do not apply) (OTHER)		HOME ADDRESS / WAREHOUSE / SHOWROOM / YARD AWAY FROM HOME / OPEN CAR LOT / MOBILE / WORKSHOP / SHARED PREMISES / OTHER (please state below)	
Has Insured, or any Directors / Partners, ever been declared Bankrupt or Insolvent or been a Director / Partner of a company that went into liquidation or Receivership or had a County Court Judgement?			YES / NO
Cover required:			
Public Liability	£	Products Liability	£
Service Indemnity	£	Sales Indemnity	£
What is Insured's projected annual turnover?	£	What is Insured's projected annual wage roll?	£
Has Insured previously been insured for liability risks?		YES / NO	
If "YES", please give details of:	Insurer	Period of cover:	
Does Insured weld or cut on their own premises?	YES / NO		
Does Insured weld or cut away from their own premises?	YES / NO		
Does Insured spray on their own premises?	YES / NO		
Does Insured spray away from their own premises?	YES / NO		

Employers LiabilityDoes Insured require cover for Employer's Liability? **YES / NO**

Standard Indemnity is £10,000,000, reducing to £5,000,000 for terrorism

What is Insured's estimated annual wage roll for:

Clerical Staff	£
Manual Staff	£
Work Away Staff	£

Has Insured ever been prosecuted under the Factories Act, Health and Safety at Work Acts or any other statutory Regulations? **YES / NO**

If "YES", please give details below:

Has Insured previously insured for Employer's Liability Cover? **YES / NO**

If "YES", please give details of:	Insurer	Period of cover:
-----------------------------------	---------	------------------

Claims History in relation to Public Liability / Products Liability / Service Indemnity / Employer's Liability

Date of Claim	Details of Claim	Approximate Cost of Claim (£)

Any other relevant information