

Liability Enquiry Form

Name.....

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Address.....

Post Code..... Contact Telephone No.....

Trade.....

%.....Heat Work %.....Height Work.....Max Height.....

Max Depth.....

Do you work at: Power Stations Y/N Airside Y/N Docks Y/N Railways Y/N

Other High Risk Work Y/N Describe if yes

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Limit of Indemnity Reqd £1 Million £2 Million £5 Million £10 Million Other £.....

Do you require Employers Liability Y/N

How Many people do you Directly Employ Total Wages £.....

Do You Use Bone Fide Contractors Y/N Annual Payments £.....

% of Work Carried out By Bone Fide Contractors.....

Labour Only Contractors Y/N Annual Payments £.....

Do you Regularly Check Contractors Liability Certificates Y/N

Any Claims on last 5 Years Y/N

Underwriters will require full circumstances of claim and payments made

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Date.....Name.....