

Commercial & Construction Insurance Brokers Ltd

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Authorised and regulated by the Financial Services Authority

Quotation Form

Company Name :

Address :

Telephone Number :

Facsimile Number:

Contact Name :

Brief Business Description :

Currents Insurer :

Renewal Date :

Number of permanent manual: (If not Ltd specify number of manual principals/partners)
operatives – exclude clerical

Wages/Payments : Turnover £
Clerical/managerial/directors £
Manual employees/labour only subs £
Bonafide sub contractors £
Hired in plant charges £

Cover Required : Public Liability - limit of indemnity £
Employers Liability - limit of indemnity £10,000,000

Contract Works - Limit per site £
Own Plant & Tools - Sum insured £
Hired in Plant - Limit per item £

Claims Have you had claims or losses in the past 5 years Yes / No
(If yes please confirm below including date and costs)

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Any other Relevant information
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The answers to the above questions are treated as material facts. Any other facts known to you which are likely to affect acceptance or assessment of the risks proposed must be disclosed. Should you have any doubt about whether information is relevant is must be disclosed. A material fact is one which would influence insurers acceptance of your request for cover and the terms and conditions on which they are prepared to provide insurance cover.

Signed.....

Date.....