

Excess Layer (PL) Quotation Request Form

Proposer's Full Name (including trading name and names of all Partners) _____

Postal Address _____

_____ Postcode _____

Fully describe the business activities undertaken (if possible give % of types of work)

Date business established (or years experience if sole trader) _____ No. of Years _____

1. Primary Policy

Inception Date _____

Insurers _____

Primary PL premium (ex IPT) _____

Primary Public & Products Liability Limit of Indemnity _____

Exclusions applied to policy _____

2. Cover required

Excess Layer _____

Current Excess Layer Insurer and Premium _____



3. Wages

Please provide details of estimated number and annual gross payments to the following:

	Number	Payments (£)
Clerical		
Manual - Premises		
Manual - working away hot		
Manual - working away other		
Bona-fide sub-contractors		

4. Turnover

Please provide annual turnover

	Estimated Annual Turnover (£)
Within the UK only	
Withing the USA and/or Canada	
Elsewhere in the world	

5. Claims Experience

Have you or any Principals or Directors in the business or any previous company in which you were involved suffered any liability, loss or incident during the last 5 years whether insured or not? Yes No

If Yes please give details below

Cover	Date of Loss	Details	Settled Claims amount paid	O/S claims est. cost

Broker _____

Contact Name _____ Reference _____

Tel Number _____ Email Address _____

Please return the completed form to:

3rd Floor
St. David's Court
Union Street
Wolverhampton
WV1 3JE

North Team: north@thistleinsurance.co.uk

South Team: south@thistleinsurance.co.uk