

# 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