

PRINT & GRAPHIC LIABILITY QUOTE FORM

INSURED:		
SITUATION:		
BUSINESS:		
Current Policy Due Date:		
Current Insurer:		
<i>Liability</i>		
Limit of Indemnity		\$
Annual Turnover	\$	
Annual Payroll	\$	
Number of Staff including working Directors		
Is Errors & Omissions cover required		
Do you perform work over 10 meters in height		YES/NO
Do you do Sign Installation Over 10 meters		YES/NO
Claims last 5 years		
Date & Type of claim and circumstances of claim		Amount
		\$
		\$
		\$
		\$
		\$