

TRADE INSURANCE LIABILITY QUOTE FORM

INSURED:	
SITUATION:	
OCCUPATION:	

Liability		Yes/No
Limit of Indemnity		\$
Annual Turnover	\$	
Annual Payroll	\$	
Number of Staff including working Directors		
Is Errors & Omissions cover required		YES/NO
Do you perform work over 10 meters in height		YES/NO
Do your business activities include removal of tree stumps and/or treatment of trees		YES/NO
What % of your turnover is for Residential/Domestic work performed		%
What % of your turnover is for Commercial work performed		%
What % of your turnover is for Industrial/Manufacturing work		%
Do you import any goods from overseas		YES/NO
Do you engage or intend to engage contractors		YES/NO
Do you engage or intend to engage sub-contractors		YES/NO
Do you engage or intend to engage staff from wage hire firms		YES/NO
If YES , please advise what % of your turnover is for these activities		%
General Property		Yes/No
Blanket Cover with a Limit of \$ Anyone item		\$
Specified Items		
Description of Item to be insured		Sum Insured
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
TOTAL SUM INSURED		\$

Claims last 5 years	
Date & Type of claim and circumstances of claim	Amount
	\$
	\$
	\$
	\$
	\$