

# Quotation Form

Business Name: \_\_\_\_\_ Sole Trader \_\_\_\_\_  
Partnership \_\_\_\_\_  
Limited \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ E mail: \_\_\_\_\_

Est Annual Turnover: € \_\_\_\_\_

How many years trading? \_\_\_\_\_

What is your current renewal date: \_\_\_\_\_ Current premium: \_\_\_\_\_

Please describe your current business activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please advise how many of the following are involved in the business

Category	Number Employed	Total Wages/Payments in each
Manually working principals/partners	_____	Euro _____
Permanent manual Employees	_____	Euro _____
Labour only sub contractors	_____	Euro _____
Wood working Machinists	_____	Euro _____

Do you use any heat or naked flames on site?      No \_\_\_\_\_      If, what percentage does this make up?  
Yes \_\_\_\_\_      \_\_\_\_\_%

Do you work over 10 Metres? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you work over 45 metres? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you work over 2 metres in depth? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you work off shore? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you work in hazardous locations? Yes \_\_\_\_\_ No \_\_\_\_\_

Please give brief details of any claims you have been involved in the past 5 years.  
Please include date of claim, type and costs involved.

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### Quotation required

Employers Liability  
€13,000,000 Yes \_\_\_\_\_ No \_\_\_\_\_

Public Liability	€1,300,000	Yes _____	No _____
	€2,600,000	Yes _____	No _____
	€6,400,000	Yes _____	No _____

Contract works – Contract Limit € \_\_\_\_\_

Site Limit € \_\_\_\_\_

General – Please give below any additional information that may be relevant.

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