Pennant Insurance Services

Tradesmen & Liability

Inception Date:	

Proposer Details:

Title:		**Correspondence Address:**
Forename:		
Surname:		
D.O.B		
Phone:		
Email:		

Company Details:

Company Status (Circle as appropriate)	Partnership / Limited / Sole Proprietor / Club / Individual Trading as / Charity /Company Trading as / Limited Partnership / Public Limited / Religious Organisation / Society / Company Trading as/ Residents Association
Trading Name (List all Partner names if Partnership): Trading as (If Applicable):	
Trading as (if applicable)	
Business Address: (If different to correspondence address)	

Date Business Established:		**Working Directors / Partners**	
Years Experience in the Trade:		**Full Time Manual Employees**	
Primary Trade / Occupation		**Full Time Clerical Employees**	
Secondary Trade / Occupation:		**Clerical Only Directors/Partners**	
Any other Trades / Occupations?		**Part-Time Manual Employees**	
Estimated Annual Turnover:		**Part-Time Clerical Employees**	
Estimated Gross Profits:		**Estimated Wage Roll**	
		Clerical Only:	**All other Workers:**

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Limits of Cover

Public Liability:
Level of Cover Required (Circle as appropriate)

£1million	£2million	£5million	£10million

Employers Liability:

****Included at £10million for limited companies or if there is at least 1 employee****

Tool Cover: **(Per Person)**	NONE	£500	£1,000	£1,500	£2,000

Contract Cover: (any one contract)	NONE	£10,000	£25,000	£50,000	£100,000	£150,000	£200,000	£250,000	£500,000

Hired in Plant Required?	Yes / No		**Cover for Own Plant Required?**	Yes / No	
If Yes:	Max amount per year:	Max any one item:	**If Yes:**	Total Sum Insured	Max any one item:

Include Commercial Legal Expenses? ☐
(Please tick if required)

Height & Depth:

Do you work at heights over 10 Metres?	Yes / No	If Yes, state max height:	metres
How do you access heights above 10m? If scaffolding used, do you always have it supplied & fitted by a third party scaffolding company? (Please give details)			
Do you work at depths greater than 2 Metres?	Yes / No	If Yes, state max depth:	metres

Heat Work:

Do any of your activities involve the application of heat?	Yes / No	**If Yes, what tools do you use?** (circle all that apply)
What Percentage of your work includes the application of heat?		Angle Grinder / Blow Lamps / Blow Torches / Bitumen Boilers / Welding Equipment / Electric or Oxy-Acetylene burning equipment / Other (please specify)

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History

Claims:

Please give details of any claims in the last 5 years:

Date	Type of Loss	Settlement Figure	Settled? Y / N	Brief Description

Please confirm the following:

THE PROPOSER(S) / DIRECTOR or PARTNER IN THE BUSINESS:	**I Agree**
Has never been convicted, charged (but not yet tried) or been given an official police caution in respect of any criminal offence (other than a Road Traffic motoring offence).	
Has never been Declared Bankrupt (other than a bankruptcy that has been discharged) or insolvent.	
Are not subject to any current bankruptcy or insolvency proceedings	
Have no outstanding County Court Judgements(s) or Sheriff Court Decree (s)	
Have never been prosecuted or received notice of intended prosecution under the Consumer Protection Act, Food Safety Act, Health & Safety Act or welfare or environmental protection legislation.	
Have never had an Insurance application refused, an Insurance application cancelled or renewal refused, any increased or special terms applied to any business insurance.	

By signing below, you agree that all the information provided is true and accurate to the best of your knowledge and no attempt has been made to provide false information in order to influence the price of your quotation. You also agree that no action can be taken against Pennant Insurance Services in the event the information disclosed is not accurate or correct.

If your circumstances change after a quotation has been offered, it is important that you provide us with these changes as it may affect your quotation premium.
You MUST also notify us of any changes to your circumstances once a policy has gone on cover. Failure to do so may result in your insurance becoming invalid.

Name:	**Date**
Signature:	

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Additional Information