

Algarve

Underwriting Agencies

Excess of loss enquiry form

Broker Contact: _____ Date: _____
Tel: _____ Fax: _____ Email: _____
Tel: **01483 489291** Fax: **01483 797301** Email: **ros.b@algarve-ins.co.uk**

Proposer(s):

Address:

Limit Required:

£ _____,000,000 Public/Products Liability Limit Excess of U/Lying £ _____,000,000
£ _____,000,000 Employers Liability Limit Excess of U/Lying £ _____,000,000

Period of Insurance Required:

(If Single-Contract, detail Contract Period, incl Maintenance Period as Applicable)

Business Description:

(In case of Single-Contract, detail Contract Site and Works to be undertaken)

Hazardous Work:

Heat Away?	Yes/No	_____ % of Turnover
Asbestos?	Yes/No	_____ % of Turnover
Chemicals?	Yes/No	_____ % of Turnover
Rail Track/Trackside Work?	Yes/No	_____ % of Turnover
Dockside/Marine Work ?	Yes/No	_____ % of Turnover
Airside Work?	Yes/No	_____ % of Turnover
Explosives Use?	Yes/No	_____ % of Turnover
Piling?	Yes/No	_____ % of Turnover
Height work? Max height?	Yes/No	_____ % of Turnover
Depth work? Max depth?	Yes/No	_____ % of Turnover
Offshore Work?	Yes/No	_____ % of Turnover

(Details Required)

Turnover:

(In case of Single Contract, Contract Price)

UK: £ _____
NORTHERN IRELAND: £ _____
EU: £ _____
USA/Canada: £ _____
Rest of World (details): £ _____

Wageroll:

Clerical/Managerial: £ _____
Direct Manual at Premises: £ _____
Direct Manual Work Away: £ _____
BFSC Manual Work Away: £ _____
Other: £ _____

Underlying Insurer: _____

Underlying PREMIUM (Public Liability only) _____

Underlying PREMIUM (Employers Liability only) if applicable: _____

Underlying PERIOD of Insurance: _____

Five Year PL Claims History: _____

IS THE INSURED YOUR DIRECT CLIENT? _____

Target Premium: _____

Target Date: _____