

Please complete this form and a member of our broking team will get in touch with you to discuss your requirements.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number). Please complete this Proposal form in **BLOCK CAPITALS** to avoid problems when transmitting by fax.

1. Please provide the following details (including trading names) of the proposer/s:

| | | | |
|---------------------------------------|--|--------------------------|--|
| Name of Company to be insured: | | Date Established: | |
| | | | |
| Business Sector: | | | |
| Contact Name(s): | | | |
| Address: | | | |
| Postcode: | | Email: | |
| Tel: | | Mobile: | |
| Current Insurer: | | Renewal Date: | |

2. Brief description of business activities:

3. Turnover for last full financial year:

£

4. Wage roll:

5. Current premium spend:

£



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