

Agent: _____ Agency No: _____ Contact: _____
 Fax No: _____ Tel No: _____ Date: _____

General Details	
Client Name:	Postcode:
Address:	
Date Established:	Local Licensing Office:
Business Description <i>(including details of all activities)</i>	
Details of any contract work:	
Details of number of escorts used and description of their activities other than supervision:	
Type of premises used by the Insured including age and construction:	
Claims the last five years:	

Cover Required	
Number of Vehicles Owned:	Number of Vehicles Operated:
Public Liability: Yes / No	Limit of Indemnity: £5 million / £10 million
Employers Liability: Yes / No	Limit of Indemnity: £10 million
Premises Liability: Yes / No	Limit of Indemnity: £2 million
Present Insurers:	
Target Premium:	Renewal Date/Deadline:

Please note:

- Premises cover is specifically excluded unless extension requested
- All motor trade activities are specifically excluded
- £250.00 excess applicable to Public and Premises Liability Sections
- All contract work must be disclosed and agreed prior to inception

HELD ATTACKING SUB AGENT INTRODUCTION

(Please complete in all cases)