

COMBINED LIABILITY QUESTIONS

Name and correspondence address & contact telephone number	Post Code: Telephone Number:		
Occupation 1		% of turnover	
Occupation 2		% of turnover	
Occupation 3		% of turnover	
Are you a limited company?		When was your business established?	
Number of Years Experience		Maximum Height Worked At	
Type of Property Worked upon	Private Dwellings		
	Shops/Offices		
	Other Commercial (please State)		
Workforce	State Number	Wages/Payments to:	
Number of Manual principals			
Number of Manual Employees			
Number of Labour Only Sub Contractors			
Bona Fide Sub Contractors (state payments to)			
Clerical			
Turnover	£	Current Insurer	
Indemnity Limit Required	£	Expiry date	
Optional Covers	Required (yes/no)	Sum Insured	
Tools			
Own Plant			
Hired In Plant			
Contracts Works			

Please enter any other relevant information here including details of previous claims.