

Hold Cover Request Form

please fax to 0131 623 6233

BROKER DETAILS

| | | | |
|-------------|--|------------|--|
| Broker Name | | | |
| Address | | | |
| Postcode | | Email | |
| Tel Number | | Fax Number | |

RISK DETAILS

| | | | |
|---------------------------------------|---|---------------|--------------|
| Insured's Name (include trading name) | | | |
| Address | | | |
| Postcode | | Occupation | |
| Inception Date | | Years trading | Refer if Nil |
| Indemnity Limit | £ | Turnover | £ Max £1M |

CALCULATIONS

| Basis | Number | Rate | Premium |
|--|----------------------|--------------------|---------|
| PL - Number of manual principals/partners | | £ | £ |
| PL - Number of manual directors/employees | | £ | £ |
| EL - Number of manual directors/operatives | | £ | £ |
| EL - Number of clerical/non manual employees | | £ | £ |
| Personal Accident - principals/partners/directors only | | £7.00 | £ |
| Contract Works | Max Contract Value £ | Turnover £ | % £ |
| Own Plant (Max Sum Insured £25,000) | Sum Insured | £ | 2.5% £ |
| Hired In Plant (Max Hiring Charges £10,000) | Hiring Charges | £ | 5% £ |
| All Risks on Tools (Max £2,500) | Sum Insured | £ | 3% £ |
| All Risks on Materials (Max £2,500) | Sum Insured | £ | 3% £ |
| Employees Tools (Max £2,500, £500 any one employee) | Sum Insured | £ | 2% £ |
| PREMIUM | | Min £150.00 | £ |
| IPT (5%) | | | £ |
| Our Fee | | | £40.00 |
| TOTAL DUE | | | £ |

NOTES

- No previous claims in last 3 years
- Cover not acceptable until confirmation given by Premier Commercial Ltd.
- Payment terms 28 days from inception

| | |
|-----------|--|
| NAME: | |
| POSITION: | |
| DATE: | |