

**hold cover request form**  
please fax back to 0131 623 6233

HOLD COVER REQUEST FORM						
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 less than 3		
Turnover	£					
CALCULATIONS						
Basis			Sum Insured		Rate	Premium
Contract Works	Max Contract/Site Value	£	Turnover	£	%	£
Own Plant	New Replacement Value/Current Market Value		Sum Insured	£	1.8%/2.5%	£
Hired In Plant	Sum Insured	£	Hiring Charges	£	2.5%	£
Employees Tools	Max Limit Per Employee	£	Sum Insured	£	4%	£
<b>PREMIUM (minimum £600/£1,000)</b>						£
IPT (5%)						£
Our Fee						£50.00
<b>TOTAL DUE</b>						£

NOTES	
<ul style="list-style-type: none"> <li>No previous claims in last 5 years</li> <li>Cover not acceptable until confirmation given by Premier Commercial Ltd.</li> <li>Payment terms 28 days from inception</li> </ul>	
Name:	
Position:	
Date:	