

COUNTRYSIDE LIABILITY

QUOTE REQUEST FORM



COUNTRYSIDE LIABILITY QUOTE REQUEST FORM

| Broker/Agency | |
|--|--|
| Phone/Fax | |
| E-mail | |
| Contact | |
| Proposer | |
| Postcode | |
| Date business established | |
| Full description of ALL Business activities | |

| Present Insurer | Renewal Date | |
|-----------------|------------------|--|
| Target | Premium Deadline | |

PUBLIC LIABILITY

| Trade Description | Turnover |
|-------------------|----------|
| 1. | £ |
| 2. | £ |
| 3. | £ |
| 4. | £ |
| 5. | £ |
| б. | £ |
| 7. | £ |
| 8. | £ |
| 9. | £ |
| 10. | £ |



| INDEMNITY LIMIT (please tick) | | | |
|-------------------------------|--|-----------------|--|
| £1,000,000 | | £5,000,000 | |
| £2,000,000 | | Other - Specify | |

EMPLOYERS LIABILITY

| Description of Trades Carried Out By Employees | Estimated Annual Wages |
|--|------------------------|
| 1. | £ |
| 2. | £ |
| 3. | £ |
| 4. | £ |
| 5. | £ |
| 6. | £ |
| 7. | £ |
| 8. | £ |
| 9. | £ |
| 10. | £ |

| INDEMNITY LIMIT (please tick) | | | |
|-------------------------------|--|-------------|--|
| £5,000,000 | | £10,000,000 | |

CLAIMS EXPERIENCE (5 YEARS)

| Date | Full Circumstances | Claim Amount |
|------|--------------------|--------------|
| | | |
| | | |
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agrieb@geoagriculture.com

Geo Agriculture The Hamlet Hornbeam Park Harrogate North Yorkshire HG2 8RE

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