

# EXCESS OF LOSS QUESTIONNAIRE



## GENERAL INFORMATION

Company name

Business description (including any specific contract information)

Address

Postcode

Website address

Date business established

UK/EEA Turnover

North America (NA) Turnover

Rest of World Turnover

% of goods imported from outside UK/EEA/NA

Manual wagheroll

% of wagheroll applying heat

## INSURANCE REQUIREMENT

### EXCESS LAYER

Effective date

Underlying insurer

Underlying limit policy number

Underlying layer

Underlying rate

Excess layer required

## ACCEPTANCE INFORMATION

Do you work with asbestos?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any contracts in Nort America or from employers in North America?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any overseas domicile operations outside the United Kingdom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your work involve the application of heat?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you work in, on or at any off shore installations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you provide medical or pharmaceutical products or services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you undertake any demolition contracts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you work at or on railways or airports?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you undertake piling, underpinning or tunnelling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you supply any automotive/aviation/marine or rail safety critical products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you work in safety critical areas of chemical, gas, nuclear or petrochemical sites?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you work at depths in excess of 5 metres below ground level?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you work at heights in excess of 25 metres?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work in any of the following post codes EC1-4, SW1, W1,W2, W9, W10, WC1, WC2 or E14	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had any claims in excess of £50,000 in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been prosecuted under the Health and Safety at Work act?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a criminal offence or is any prosecution pending?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been prosecuted under the Health and Safety at Work act?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you or any director been declared bankrupt or been involved in a company which has been liquidated or dissolved or entered administration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you or any director been refused insurance or had a policy cancelled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Additional information

**SUBMIT THIS FORM TO XS@PREMCO.CO.UK**