

EXCESS LIABILITY QUOTATION FORM



SECURUS INSURANCE

Advice | Integrity | Specialised | Accessible

Brokerage Name:		Broker Contact:	
Insured Name:			
Insured Address:			
Business Description:			
Turnover:	€0.00	Contract Value: (If applicable)	€0.00

	Public/Products Liability	Employers Liability
Primary Insurer:		
Primary Limit:	€0.00	€0.00
Excess Layer Required:	€0.00	€0.00

PLEASE COMPLETE THE FOLLOWING QUESTIONS IF THE INSURED IS NOT INVOLVED IN THE CONSTRUCTION INDUSTRY			PLEASE COMPLETE THE FOLLOWING QUESTIONS IF THE INSURED IS INVOLVED IN THE CONSTRUCTION INDUSTRY		
Are any of the goods or products supplied by the Insured known to be harmful to health?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Will the Insured work above 4 storeys from ground level for outside work or floor level for inside work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are any of the goods or products supplied by the Insured known to be for use within the aviation, marine or nuclear industry or for offshore use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the Insured work below ground to a depth of more than 4 metres?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the Insured have a Quality Control & Products Recall Procedure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the Insured use Heat away from their own premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the Insured knowingly supply goods or products to the USA or Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, is it more than 10% of Turnover?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the Insured undertake installation work in connection with goods or products supplied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the Insured work at Hazardous Premises or undertake Hazardous Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, does the Insured use Heat away from their own premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If Yes, is it more than 10% of Turnover?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Does the Insured require any special coverage over and above the Standard Policy wording?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the Insured require any special coverage over and above the Standard Policy wording?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the Insured's base of operation outside the Republic of Ireland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the Insured's base of operation outside the Republic of Ireland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the Insured's work undertaken outside of the member countries of European Union?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the Insured's work undertaken outside of the member countries of European Union?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have there been any individual claims exceeding €25,000 within the last 5 policy years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have there been any individual claims exceeding €25,000 within the last 5 policy years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered Yes to any of the above questions – please provide details:					