

# Liftcover Enquiry Form

Name of the insured company:					
Address of the insured company:					
Contact name:		Email address:			
Mobile number:		Office number:			
Please provide a description of the work you carry out:					
When is your financial year end?					
What is your projected turnover for the coming year?			£		
Approximately what is the percentage split in your turnover between the following activities:	New installations:	Servicing/Repairs & maintenance:	Refurbishment & Modernisation:	Other (please specify):	
Approximately what is the percentage split in your turnover between the following premises:	Residential:	Shops/offices:	Schools/care homes/hospitals:	Other commercial or industrial:	
Please advise what indemnity limits or sums insured you require:	Public & product liability insurance		£		
	Employers' liability insurance		£		
	Hired in plant: maximum any one item		£		
	Hired in plant: total of all plant items		£		
	Your own plant: maximum any one item		£		
	Your own plant: total of all plant items		£		
	Your own portable hand tools: in total		£		
	Your employees portable hand tools: in total		£		
Please advise your annual financial projections for the coming year in the following categories:	Clerical salaries		£		
	Manual wages		£		
	Payments to Bona-fide subcontractors		£		
	Payments to Labour Only subcontractors		£		
	Charges paid for hiring in plant items		£		

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Do you use any heat at customer's sites/premises?			Y/N
If "Yes", approximately how much of the time (as a percentage) is spent using heat?			%
Do you visit any hazardous locations (e.g. power stations, airside, railways etc.)?			Y/N
Do you carry out any contracting work outside the UK or offshore?			Y/N
If "yes" to any of the above, please provide details:			
Do you employ a "competent person" for health & safety?			Y/N
If "No", do you employ a consultant?			Y/N
If "Yes" who are they?			
Have you had any incidents, losses or claims for liability or contractors all risks insurance in the last 5 years?			Y/N
If "yes" please supply the following details:	Date:	Incident description:	Cost: (£)
Existing insurer & policy number:			
Existing broker (if applicable):			
Renewal date:			
If you would like more information regarding any of the following Liftcover benefits, please tick the appropriate box(es).			
3 year rating guarantee: <input type="checkbox"/> Free Health & Safety audit: <input type="checkbox"/> Low claims rebate: <input type="checkbox"/> Professional indemnity extension: <input type="checkbox"/> Inefficacy cover: <input type="checkbox"/> Nominated loss adjuster: <input type="checkbox"/>			

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

**Please submit by the website or return to Adrian Hiley at Cooke & Mason PLC on either fax number 01777 708250 or by email at [adrianhiley@cookeandmason.com](mailto:adrianhiley@cookeandmason.com)**