



Please answer all questions using block capitals where appropriate, continuing on the back page or a separate sheet if necessary.

Name of Company

Head Office Address

Postcode

Business Website Address

Nature of Business

Number of Directors, Officers and Employees

Total Sales

Net Assets

Please list the locations of all overseas operations with the approximate number of employees at each operation.

Do any members of staff travel outside Europe, Canada & the USA? (f yes, please give details)

Have there been any incidents which would have given rise to a claim under the policy? (f yes, please give details)

Limit(s) of liabilities requested:

**I have read the above and declare that to the best of my knowledge and belief the statements are true and complete.**

**Signing this form does not bind the applicant(s) to complete the insurance but it is agreed that this form will be the basis of the contract should a policy be issued.**

Signature

Date