



QUOTATION REQUEST : NATIONAL FIRE INDUSTRY ASSOCIATION

Contact: Richard Luscombe Direct (03) 9320 8537 or Mobile 0418 999 875

Date: / /

All questions must be answered. If insufficient space, please attach additional sheets.

PART A: COMPANY DETAILS

1. Insured Name			
2. Contact details	Name:		
	Address:		
	Phone:		Mobile:
	Fax:		E-mail:
3. ABN		4. Number of years in this business:	
5. Full description of your business activities:			
6. Details of claims in the past five (5) years:			

If you require a quotation for Professional Indemnity Insurance, please move to PART C

PART B: PUBLIC/PRODUCTS LIABILITY

10. Estimated Annual Turnover:	\$	11. Estimated Annual Payroll:	\$
12. Split of Total Turnover (by activity)	i. Sprinklers	%	ii. Non Sprinklers
			%
13. Number of Employees:			
14. If Contractors and/or Sub-contractors are engaged, advise nature of work undertaken:			
15. Estimated annual payments to Contractors and/or Sub-contractors:	\$		
16. Provide details of any indemnities or "Hold Harmless" agreements given to other parties:			
17. Goods in care, custody and control limit required:	\$		
18. Brief description of property in your care, custody and control:			
19. Limit of Liability required:	\$		
20. Current Insurer		21. Expiry Date	/ /
22. Do you require Plumbers Defects Warranty cover?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, number of licensed plumbers?
23. Do you perform work on any of the following?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, Please provide details
<input type="checkbox"/> Chemical sites; Petrol, Oil or Gas Production Facilities	<input type="checkbox"/> Aircraft or Watercraft	<input type="checkbox"/> Underground Risks	
Details			

PART C: PROFESSIONAL INDEMNITY INSURANCE

10. Split of Total Turnover (by activity)	i. Fire design/consulting engineers		%	
	ii. Surveys, audits, certifications		%	
	iii. Emergency response procedures		%	
	iv. Training		%	
	v. Installation/Maintenance		%	
	vi. Other (Please specify)		%	
11. Split of Total Turnover (by sector)	i. Domestic		%	
	ii. Commercial or Industrial		%	
12. Total number of:	i. Partners, principals & directors			
	ii. Professional qualified staff			
	iii. Other technical staff			
	iv. Non technical staff			
	v. Total			
13. Has the name of your company changed or have you acquired or merged with any other business?				
14. Details of claims in the past five (5) years				
15. Total Turnover for	i. Last twelve (12) months	\$		
	ii. Next twelve (12) months	\$		
16. Percentage of Total Turnover by State or Territory	ACT	%	SA	%
	NSW	%	TAS	%
	VIC	%	NT	%
	QLD	%	O/SEAS	%
17. Turnover from largest contract in the last five (5) years:		\$		
18. If contractors and/or sub-contractors are engaged, do they have their own Professional Indemnity cover?				
19. Provide details of any Indemnities or "Hold Harmless" agreements given to other parties:				
20. Current Insurer		21. Expiry Date	/ /	
22. Limit of Indemnity required	\$	23. Deductible/Excess	\$	

IMPORTANT

ACCEPTANCE OR RISK BY INSURER SUBJECT TO SATISFACTORY COMPLETION OF FULL PROPOSAL FORM

IMPORTANT - PLEASE ATTACH A COMPANY PROFILE

Please return completed questionnaire by email, facsimile or mail:

Windsor Management Insurance Brokers Pty Ltd
 Attention: Richard Luscombe
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 CARLTON, VICTORIA 3053
 Phone: (03) 9320 8537 Fax: (03) 9663 4288
 Email: rluscombe@wmib.com.au