

ATLANTIC PLUMBER'S LIABILITY PLAN QUOTATION REQUEST

ABN 98 083 233 403

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Telephone: 9836 3733 Fax: 9836 9740 email: michelled@atlanticinsurance.com.au



Member of Steadfast Group Limited

Member of National Insurance Brokers Association



Name of Insured Phone/Mob

Address PCode..... Fax

1. State Gross Annual Turnover (labour & materials) \$..... Last 12 Months Next 12 Months \$.....

2. Is your estimated turnover less than \$35,000? If so, please provide details of additional sources of income:
.....

3. List the activities undertaken & indicate the percentage of your total income each activity represents
(eg. Airconditioning/boilermaker/installation/roofing/gasfitting/type B gasfitting)
..... % %
..... % %
..... % %

*If specialised type B gasfitting included in above please supply details.
.....

4. Do you carry out work on cooling towers? Yes No

5. Please indicate the type of premises you will be working on:

Residential% Commercial% Factory% Industrial*% Non Plumbing Work*.....%

*If Non Plumbing Work included in the above please provide details:
.....

*If Industrial Work (plants/large scale factories) included in the above please provide details:
.....

6. Will you use Sub-Contractors Yes No Estimated payment to Sub-Contractors \$.....

7. Will work performed by sub-contractors total more than 25% of your estimated annual turnover? Yes No

8. Do you ensure sub-contractors are correctly insured? Yes No

9. Have You, Your Business, or any Director, Proprietor or Partner of Your Business ever had:

(1) insurances cancelled or had special conditions imposed Yes No

(2) a proposal for insurance declined Yes No

(3) an insurer refuse to renew a policy? Yes No

(4) any claims, uninsured losses, damage or liabilities that have involved Your Business in the last 5 years? Yes No

If yes, please provide full details

10. Names of Certified Plumbers Licence Number Licence Type (eg: A, Roofing)

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.....

11. Number of workers on tools (including Directors, Partners, Apprentices, Labourers)

12. Date cover to start insurance from with \$ Limit of cover.

NOTE: The following statement applies to policies underwritten by Westfarmers General Insurance Ltd trading as Lumley Insurance.
"In arranging this contract of insurance, we will be acting under an authority given to us by the insurer to bind cover on their behalf and will be acting as an agent of the Insurer and not as agent of the Insured."

Signature:

Date: