

Marine Trade Enquiry Form

Company Details

| | |
|-----------------|-------------------|
| Company Name | Key Contact |
| Telephone | Email |
| Address | |
| | Postcode |
| Business Type | |
| Company Reg No. | |
| FTE no. | Business Turnover |

Insurance Requirements

| | | | |
|------------------------|--------------------------|------------------|--------------------------|
| Commercial Combined | <input type="checkbox"/> | Goods in transit | <input type="checkbox"/> |
| Commercial Fleet | <input type="checkbox"/> | D&O | <input type="checkbox"/> |
| Cyber | <input type="checkbox"/> | Trade Credit | <input type="checkbox"/> |
| Employee Liability | <input type="checkbox"/> | Public Liability | <input type="checkbox"/> |
| Professional Indemnity | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Renewal date

Current broker

Current insurer

Claim Details (last 5 years)

No. claims

Claim dates

Type of claims

Other information
