

## 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

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Current broker

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Current insurer

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### Claim Details (last 5 years)

No. claims

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Claim dates

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Type of claims

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### Other information

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