

Quotation Form for Media and Communications

1. Name and Address of Business

Contact Name:

Business Name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode:

Telephone:

Fax:

E-mail:

Date Established:

2. Please give a brief description of the type of work carried out:

3. Please provide details of each partner/director as follows:

Name	Age	Qualification	Years Experience
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Please give an approximate percentage split by type of work

Type of Work	%
Commercial TV – Production of Advertisements	<input type="text"/>
Other Media – Production of Advertisements	<input type="text"/>
Printed Literature / Documents	<input type="text"/>
Direct Marketing – Mail shots	<input type="text"/>
Direct Marketing – Telemarketing	<input type="text"/>
Direct Marketing – Database Management and list Broking	<input type="text"/>
Sales Promotion	<input type="text"/>
Marketing (including all market research)	<input type="text"/>
Public Relations	<input type="text"/>
Human Resources	<input type="text"/>
Specialist Design (Graphic Design)	<input type="text"/>
Specialist Design (Corporate Identity)	<input type="text"/>
Other Work – Please Specify	<input type="text"/>

5. Please give gross fees for the last financial year and estimate for the coming year:

Last Financial Year	Estimate for the Current Year
<input type="text"/>	<input type="text"/>

6. Please give details of the 3 largest contracts in the last 5 financial years (give details of current projects if new business)

Client	Start Date	Description	Total Contract Value	Fee	Approximate Completion Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Do you work other than from a UK office?

Yes

No

If so please give details:

8. Have any claims ever been made against you?

Yes

No

If so please give details:

9. Are you aware of any circumstances that may give rise to a claim?

Yes

No

If so please give details:

10. Current Insurance Information

Name of Current Insurer:

Expiry Date of Current Policy:

Limit of Indemnity Required:

£100,000

£250,000

£500,000

£1 Million

£2 Million

£5 Million

Declaration

I declare that to the best of my knowledge or belief the particulars and statements given in this application and any other documentation and information provided in connection with this application are true and complete and this application, declaration and information will be the basis of the contract between the Insured and Insurer. I declare that I have informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of this insurance. I understand that failure to do so could invalidate this insurance. I accept that if I am in doubt whether any fact may influence the Insurer I should disclose it.

Signature of Principle:

Name of Principle:

Date: