



**AGRICULTURAL CONTRACTORS  
QUOTE REQUEST FORM**

Broker/ Agency	
Phone / Fax.	
E-mail	
Contact	
Proposer	
Date established	Postcode
Full description of ALL activities	

Present Insurer \_\_\_\_\_ Renewal Date \_\_\_\_\_  
 Target Premium \_\_\_\_\_ Deadline \_\_\_\_\_

**EMPLOYERS LIABILITY**

Wages Estimates

Description of Employees	Wages estimated at your premises	Wages estimated away from your premises
Clerical		
All others (please specify)		
Payments to labour only sub-contractors		

**AGRICULTURAL CONTRACTING CONTINUED**

**PUBLIC LIABILITY**

**TURNOVER – PLEASE COMPLETE**

General contracting (excluding below)	£
Ground Crop Spraying – salad and fruit crops	£
Ground Crop Spraying – All others	£
Controlled droplet Application – salad and fruit crops	£
Land drainage (please specify maximum depth limit required)	£
Seed treatment	£
Machinery sales where rights of recovery against UK manufacturer exists	£
Other – please give full details	

**INDEMNITY LIMIT**

£1,000,000	
£2,000,000	
OTHER -specify	

**CLAIMS EXPERIENCE (3 YEARS)**

DATE	FULL CIRCUMSTANCES	PAYMENT

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