

IMD EMPLOYER PROTECT PROPOSAL FORM

Please complete this questionnaire to enable us to provide you with an idea of the cost of the package for your business. There is no obligation for you to proceed with the terms indicated. A firm quotation can only be provided upon receipt of the proposal form. Please note that, upon assessment of the proposal form should the information be materially different underwriters may change the terms or premium indicated at this stage.

Name of the firm
What is the nature of the business?
Please confirm the current annual wage-roll for all members of staff, net of Employer's National Insurance and Pension Contributions (this amount should include all Partners and Directors).
How many people do you employ full time and part time?
Has the company been subject to any employment law claims within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? Please provide details.
Is Health & Safety Criminal Prosecution Cover required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please identify the Indemnity Limit required. <input type="checkbox"/> £50,000 any one claim £500,000 in the aggregate <input type="checkbox"/> £100,000 any one claim £1,000,000 in the aggregate
Please advise what policy excess would be required. <input type="checkbox"/> £500 <input type="checkbox"/> £1,000 <input type="checkbox"/> £5,000 <input type="checkbox"/> Other: £
Please confirm your contact details. Full name Position Email Telephone number

Please return this form to business@imd.co.uk and a member of our dedicated employment team will be in touch with you to discuss the proposal.