



Brian McGurgan
INSURANCE

LIABILITY REVIEW FORM

WAGES DECLARATION



Name(s) of Proposer: _____

Company Name (If Applicable): _____

Address: _____

Postcode: BT _____ Contact Name: _____ Tel. No: _____

Renewal Date: ____/____/____ Policy Number : _____

Please complete the following:

1. How much of your work involves the use of heat: _____%

1.1 What type of heat is used: _____

2. How much of your work is in the ROI: _____%

NB: Your Employees working in the ROI must be UK Residents only.

3. How much of your work is over 10 metres: _____%

3.1 How much of your work is below 2 metres: _____%

4. Please provide full details of use of wood working machinery:

5. Please provide a percentage split of work undertaken:

Private: New Build: _____% Renovation/Repair/Maintenance: _____%

Commercial: New Build: _____% Renovation/Repair/Maintenance: _____%

6. Please provide details of Employees:

6.1 Number of Direct Employees: _____

6.1.1 (Clerical _____ / Manual _____)

6.1.2 Wages: £ _____ (Clerical)

6.1.3 Wages: £ _____ (Manual)

6.2 Number of Labour Only Sub-Contractors: _____

6.2.1 Wages: £ _____

6.3 Number of Bona Fide Sub-Contractors: _____

6.3.1 Wages: £ _____

7. What is your estimated annual turnover: £ _____

Signed by..... Position

Dated this day of20.....