



PUBLIC LIABILITY CLAIM

(1) BROKER DETAILS

Name	Town & Country Insurance
Address	16 East Street, South Molton, Devon, Ex36 3BU.
Telephone:	01769 572557
Fax:	01769 574806
Email	info@insurance-policies.co.uk

(2) YOU THE POLICYHOLDER

Name:	
Address:	
Policy Number:	
Telephone:	
Mobile	
Email:	
Business/Occupation	

(3) CIRCUMSTANCES OF CLAIM

Date & Time of Incident	
Place	
Did any person cause the accident/loss	
Was that person in your Employment	Yes <input type="checkbox"/> No <input type="checkbox"/> (give details)
Was that person a labour only sub contractor	Yes <input type="checkbox"/> No <input type="checkbox"/> (give details)
Was that person a bona fide sub contractor	Yes <input type="checkbox"/> No <input type="checkbox"/> (give details)
Give full details of how the incident occurred	
Describe nature of work you were employed to do	

(6) DECLARATION

I/We hereby declare the foregoing particulars to be correct in all respects:	
Signature:	
Status:	Date: