

Bonus & Excess Protection Scheme PROPOSAL FORM

We wish to participate in your Bonus & Excess Protection Scheme, and enclose our application, initial list of persons to be covered and cheque for the first premium as calculated under:

NAME OF ORGANISATIONS:

ADDRESS:

POSTCODE:

Co-Ordinator/Manager's name dealing with insurance matters:

DATE COVER TO COMMENCE

PREMIUM ENCLOSED

NB: Minimum Annual Premium £100 plus Insurance Premium Tax

| | | |
|--|--------------------|---------|
| <input type="text"/> | Employees @ £9.10 | £ |
| <input type="text"/> | Volunteers @ £4.00 | £ |
| SUB TOTAL | | £ |
| Plus 5% Insurance Premium Tax | | £ |
| Plus Broker Documentation Fee | | £ 25.00 |
| TOTAL ENCLOSED (Cheques payable to BJK Insurance Brokers) | | £ |

Send to:
BJK Insurance Brokers
Second Floor,
Devonshire House,
Riverside Road,
Pottington Business Park,
Barnstaple,
Devon , EX31 1EY

Telephone: 01271 345005
Fax: 01271 323677
email: info@bjkinsurance.co.uk

I/We undertake to provide a declaration of persons insured, nine months after inception of the cover, and to remit any excess premium chargeable at that time.

Signed

Date