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|--------------------------------|--|
| Company Name | |
| Company Address | |
| Tel No | |
| Fax No | |
| Company Registration No | |

| | | |
|---|-----|----|
| Please supply 2 trade references | | |
| Do you carry out works for any other insurance contractors? <i>(Please circle)</i> | YES | NO |
| If Yes, please state which company(s) | | |
| Are you able to provide free estimates within 24 hours? <i>(Please circle)</i> | YES | NO |
| Are you able to provide written quotations/reports within 48 hours? <i>(Please circle)</i> | YES | NO |

**Thank you for taking the time to complete this form.
You will be contacted by us in due course.**