

Name of Insured: _____

Policy Number: _____

Renewal Date: ____ / ____ / ____

Please provide employee numbers and wageroll details and also the split for these between different company locations as at ____ / ____ / ____

Wageroll and Insured Persons Category Descriptions				
Insured Person Categories	Insured Person description / occupation	Number of Insured Persons per Category	Total Wageroll per Category	Maximum Salary
A			£	£
B			£	£
C			£	£
D			£	£
E			£	£
F			£	£
Location Descriptions				
Locations by postcode	Insured Person description / occupation	Number of Insured Persons for this location	Total Wageroll for this location	Maximum Salary for this location
			£	£
			£	£
			£	£
			£	£
			£	£
			£	£
			£	£

When complete please return this form to **Groupama Personal Accident & Travel Underwriting**,
Groupama House 24-26 Minorities, London EC3N 1DE Tel (0870) 241 6182 Fax (0207) 264 2864
pa&travel.underwriting@groupama.co.uk