

# Location and Wageroll Split

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: Ageas Insurance Limited, Personal Accident Underwriting, 6th Floor, One America Square, 17 Crosswall, London EC3N 2LB  
 Tel: (0370) 241 6182 Fax: (0207) 264 2864  
 Email: [patravel.underwriting@ageas.co.uk](mailto:patravel.underwriting@ageas.co.uk)

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PAGR438 May 2015

