

COMMERCIAL COMBINED QUOTE FORM

Clients Details

Tel: _____ **Fax:** _____

Name : _____

Company: _____

Address : _____

Post code: _____

NATURE OF BUSINESS

PROPERTY DETAILS (OTHER THAN STATIC CARAVANS)

Are the premises built in brick, stone, concrete and
Roofed with slate, tile, metal, asbestos or concrete? **YES/NO**
If No, give details:

What is the age of the building? _____

Numbers of floors: _____

Are the proposed premises in good state of repair? **YES/ NO**

Are the floors Timber/Concrete/Other? Specify **YES/NO**

Is there a basement or cellar? **YES/NO**

If Yes, Is all stock/contents stored 6' above floor? **YES/NO**

CLIENT HISTORY

Have you suffered any losses in the last five years whether claimed for or not?
This should include other trading names/ Premises and if a Limited Company all
Directors loss experiences.

For other companies for which Directorship is/ has been held.

YEAR ESTABLISHED: _____

OCCUPATION

At the proposed premises are they occupied solely by the Proposer? **YES/NO**
 If No, please list below all tenants (**DSS / Working / Students / Residential**) and where they are situated within the Building; **please continue on a separate sheet if required.**

Name _____	Occupation _____	Floor _____
Name _____	Occupation _____	Floor _____
Name _____	Occupation _____	Floor _____

COVER REQUIRED (Your policy will cover the following, please add any extra covers required or delete as applicable)

Fire / Perils / Theft / Employers / Public / Products Liability / Accidental Damage

SECURITY PRECAUTIONS

If the premises are alarmed, what type of system has been installed:

(Please tick the applicable alarm type)

- BT REDCARE
- DIGITAL COMMUNICATOR
- AUDIBLE ONLY
- DIRECT LINE
- OTHER - Please Specify _____

Please provide security details of all external doors; i.e. type of locks (5 lever) wood/metal etc

Front: _____
 Side: _____
 Rear: _____

Please circle the details applicable.

Is there a **Fire Alarm/Sprinkler** system installed ? YES/NO

Are any **ground floor windows** fitted with **Grills/Shutters/Bars**? YES/NO

Are any of the **upper floor windows** fitted with **Grills/Shutters/Bars**? YES/NO

If any **skylights**, how are they protected _____

Please provide details of any other security measures that are in place:

SUMS INSURED

Main Building (This should represent full rebuilding cost) £ _____
 Loss of rent (payable / receivable) Period _____ £ _____
 Shopfront including security/ glass / frame / sign £ _____
 Interior Decorations £ _____
 Trade contents (fixture & fittings) (machinery, Furniture, alarm, stationary) £ _____
 Electronic Business equipment (Pc, fax, Printer, Till). £ _____
 Equipment used for entertainment (Audio, Video, Lighting etc.) £ _____

General stock (excluding those below) £ _____
 Beers £ _____
 Wine/Spirit £ _____
 Tobacco £ _____
 Electrical £ _____
 Frozen Food £ _____
 Goods In Transit £ _____
 Gross Profit (12 Months) £ _____

For Employers/ Products/Public Liability please provide:

Annual Turnover £ _____
 Annual wages £ _____
 No of Clerical Employees _____
 No of Manual Employees _____

Money:

In business hours £ _____
 In transit to bank £ _____
 In safe £ _____
 Type of safe £ _____
 In safe out of business hours £ _____

CURRENT INSURER: _____
RENEWAL DATE: _____
PREMIUM PAID: _____