

Contractors Combined Quick Quote Enquiry Form

Broker

Insured:

Risk Address

Business Description

Number of Years Trading At this location

Renewal / Inception Date Target Premium

Premises

Type of Premises: Office Store Warehouse Workshop

Sole occupant Yes / No

Standard Construction Yes / No No (if no, please specify below)

Construction Details:

Heat Yes / No

Woodworking Machinery Yes / No

Security

Type of alarm None Audible only Digi Comm Redcare Dual com

Protects all buildings Yes / No

Other Security

Property Sums Insured

Standard Buildings	£	Office & Business Equipment	£
Non Standard Buildings	£	Plant & Machinery	£
Portacabins	£	General Contents	£
Containers	£	Stock	£
Non Ferrous Metals	£	Stock in open	£
Computers (premises)	£	Tools (premises)	£
Computers (UK/EU/WW)	£	Tools (UK/EU/WW)	£

Business Interruption

Gross Profit £ AICOW £

ICOW £ Gross Rentals £

Indemnity Period _____ mths

Other Covers

Goods In Transit £ Number of vehicles _____

Glass £

Money in safe limit £ Money during hours/transit limit £

Legal Expenses Yes / No

5 Year Claims History

Date of Loss	Claim Type	Amount	Open / Closed