

This form is for a quote for Commercial Buildings Insurance.
Please complete all the questions and return to the address at the end, to enable a quick response.

Applicant

Full Name _____
Address _____
_____ Postcode _____
Telephone _____ Fax _____
Email _____

Insured Details

Insured Name _____
Address of Property _____
_____ Postcode _____
Date Property Purchased _____ No. of tenants in last 5 years _____
Buildings Current Occupation _____
Name Of Tenant _____

NB. If Property Is Vacant Please State 'Vacant'

Property Details

Age of property _____ No. of storeys _____
Is property listed – if yes, why Yes No _____

Construction

Walls Brick Stone Other _____
Roof Slate/Tile Concrete Other _____
Floor Wood Concrete Other _____

If any portion of the roof is flat, please answer the following:

How much (%) _____
Construction Timber/Asphalt Concrete Other _____

If Timber/Asphalt – last year renewed _____

Are there any adjoining premises Yes No

If Yes is there a complete firebreak wall between them and the insured premises Yes No

Sums Insured

Buildings declared value £ _____ (we will add an inflationary provision)

Rent sum insured (per annum) £ _____ Indemnity Period _____

Contents sum insured £ _____

Property owners liability £ _____ (Limit of Indemnity)

Employers liability – wage roll £ _____ (Required for maintenance staff)

Property Maintenance**YES NO**Is there a managing agent in force Are electrics subject to qualified checks every 5 years Is waste stored in non-combustible containers and regularly removed Is there a no smoking policy in force **Claims History**

Date	Type of Claim/ Cause	Paid	Outstanding	Action taken to avoid recurrence
		£	£	
		£	£	
		£	£	
		£	£	
		£	£	
		£	£	

Other InformationHolding Broker Yes No

Current Insurer _____

Any other Insurer/Broker approached for quotation Yes No

Renewal date _____

Target premium £ _____

Is a terrorism quote required Yes No

Deadline date _____

Signed _____ Date _____

Any Other Information