

Commercial Combined Insurance Quotation Request

Broker
Contact

TEL
FAX
EMAIL

Name of the Insured:	
Address of Insured:	
The Business or Trade:	
No. of Years Trading:	
Target Premium:	
Deadline Date	
Holding Insurer:	

1. MATERIAL DAMAGE SECTION

Basis of Cover

Sums Insured	Premises 1	Premises 2	Premises 3	Premises 4
Buildings	£	£	£	£
Tenants Improvements	£	£	£	£
Plant & Machinery	£	£	£	£
Fixtures & Fittings	£	£	£	£
Electronic Business Equipment	£	£	£	£
Computers	£	£	£	£
Stock of Non-Ferrous Metals	£	£	£	£
Stock	£	£	£	£

Premises Details

Walls				
Roof				
Floor				
Alarm				
Monitoring				
Signalling				
Local Authority CCTV	Yes/No	Yes/No	Yes/No	Yes/No
Own CCTV	Yes/No	Yes/No	Yes/No	Yes/No
Window security				
Sprinklers	Yes/No	Yes/No	Yes/No	Yes/No
Auto Alarm	Yes/No	Yes/No	Yes/No	Yes/No
Hose reels	Yes/No	Yes/No	Yes/No	Yes/No
No. of Fire Extinguishers				
No Smoking Policy	Yes/No	Yes/No	Yes/No	Yes/No

Additional Information

2. BUSINESS INTERRUPTION

Loss of Gross Profit	£	No. of Months	
Increased Cost of Working	£	No. of Months	
Extensions	Suppliers	Yes/No	
	Customers	Yes/No	
	Public Utilities	Yes/No	
	Denial of Access	Yes/No	
	Property in Transit	Yes/No	

3. LIABILITIES

Public/Products	£	Turnover	UK	£
Employers Liability	£		EC	£
			USA & Canada	£
			Rest of the World	£

Wageroll

Description	Activity Undertaken	No.	Wageroll
Clerical / Non manual			£
Manual Work at Premises			£
Manual Work Away			£
Woodworking Machinists			£
Labour only Sub-contractors			£
Bona-fide Sub-contractors			£

Details of Products Manufactured, Sold, Supplied, Repaired, Tested, Serviced or Processed

Details of Work undertaken away from the Premises

Details of Work undertaken at Hazardous Locations

Details of Work involving the Application of Heat

5. GOODS IN TRANSIT

Conveyance

Maximum any one Load

Annual Value of Goods in Transit

No. of own Vehicles

£
£

6. ALL RISKS

No.	Description	Sum insured
1		£
2		£
3		£
4		£
5		£
6		£

7. MONEY

Annual Carryings

Cash during Business Hours

Cash in Safe

Non Negotiable

£
£
£
£

8. CLAIMS EXPERIENCE

Date	Section	Circumstances	Reserved	Paid
			£	£
			£	£
			£	£
			£	£
			£	£
			£	£
			£	£
			£	£

RETURN TO:

1a Lansdowne Crescent, Edinburgh, EH12 5EQ
 tel **0131 623 6230**
 fax **0131 623 6233**

email sales@premiercommercial.co.uk