

INCEPT COVER REQUEST FORM

AGENT'S DETAILS

Name

Address
 Post Code

Tel. No. **Fax. No.**

INSURED'S DETAILS

Name

Risk Address
 Post Code

Tenant's Occupation **Buildings** £
Loss of Rent £

Correspondence Address
 Post Code

Neither you, nor any business partner or director in your business has:

- been declared bankrupt, had a Company go into liquidation, administration or become insolvent
- been convicted or charged (but not yet tried) with a criminal offence
- received an official caution for a criminal offence within the last three years

An insurance company has never:

- refused to insure you
- refused to renew an insurance policy
- cancelled one of your insurance policies
- applied special terms when renewing your policy

The Premises to be insured are:

- self-contained
- of standard construction (built of brick or stone with a tile or slate roof)
- in a good state of repair and will be so maintained
- in an area which has no history of flooding, ground heave landslip or subsidence
- occupied throughout the year
- not in a floodplain
- constructed post 1850

Signed _____
as agent for the insured / as the insured

Date _____

Effective Date	<input style="width: 100%;" type="text"/>
Premium	£ <input style="width: 100%;" type="text"/>
IPT	£ <input style="width: 100%;" type="text"/>
Total	£ <input style="width: 100%;" type="text"/>
Policy Fee	£25.00
Commission (15%)	£ <input style="width: 100%;" type="text"/>
Net due to Premier	£ <input style="width: 100%;" type="text"/>