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BUSINESS INSURANCE QUOTATION REQUEST

**Broker Firm &
Contact Name**

Contact Details

Date

Subject

Please provide your quotation based on the following

Insured							
Address Of Risk							
Occupation							
Years In Business		No Of Employees		Wages	\$	Turnover	\$
Construction							
Walls							
Floors – Ground							
Floors – Upper							
Roof							
Age Of Building							
No Of Stories							
Security							
Back To Base Alarm							
Local Alarm							
Windows - Type Of Locks							
Doors - Type Of Locks							
Bars & / Or Grills							
Other – please specify							
Fire Protection							
Sprinklers							
Hose Reels							
Extinguishers							
Other – Please Specify							
Services							
Switchboards – Open Or Closed							
Wiring – Last Rewired							
Plumbing – Last Replumbed							
Details Of Machinery							
ie Number Of Machines							
Holding Broker		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Current Underwriter							
Expiry Date							
Claims/Conviction Details							
Last 5 Years							

Broker Name**Insured****Sums Insured****Fire**

Building	\$
Contents	\$
Stock	\$
Removal Of Debris	\$
Accidental Damage	\$

Business Interruption

Gross Profits	\$
Claims Costs	
Other	\$
Indemnity Period 12 Months	

Burglary

Contents	\$
Stock	\$
Cigarettes/Tobacco	\$

Money

In Transit	\$
On Premises During Business Hours	\$
On Premises During Non Business Hours	\$
In Safe	\$
In Custody	\$

Plate Glass

External/Internal	\$R/Value
Signs	\$

Liability

Public & Products Liability	\$
Care Custody Control	\$

Machinery Breakdown

	\$
Deterioration Of Stock	\$

Electronic Equipment

	\$
	\$

General Property

	\$
	\$

General Information