

Business Select quotation request form

Broker name:			
Broker email:			
Contact Name:		Telephone:	
Date of submission:		Target Premium:	
Target quotation date:		Renewal Date:	
Current excess:		Excess required:	

General information

Full legal title of proposer			
Full postal address (inc postcode if applicable)			
Full risk address (if different)			
How long has the business been established?	At these premises:	Elsewhere:	
Website address			
Full business description			
Details of manufactured products			
Details of other products sold or supplied			

Has the proposer ever been convicted or charged with a criminal offence (not motoring),

or been subject to bankruptcy, insolvency or winding up procedures?

Yes ☐ No ☐

Has any insurance been declined, terminated, refused renewal, or made subject to special terms?

Yes ☐ No ☐

Building & Contents

Property to be insured	Sum insured	Property to be insured	Sum insured
Buildings	€	Stock - general	€
Contents (other than stock or property listed below)	€	Stock - non ferrous metals	€
Electronic office equipment	€	Stock - cigarettes or tobacco	€
Computers	€	Stock - wine & spirits	€
Portable hand tools (premises only)	€	Stock - other target stock	€

Business Select Quotation Request Form

Construction & Security

Are the premises:

Please tick

Built of brick, stone or concrete and roofed with slate, tiles, concrete or slabs composed entirely of non

combustible mineral ingredients and plastic roof lights?

Yes ☐ No ☐

Any composite panels within the construction?

Yes ☐ No ☐

(if answered yes please provide full details including infill)

In a good state of repair and will be maintained?

Yes ☐ No ☐

In a position of area likely to be subject to flooding or where flooding has occurred?

Yes ☐ No ☐

Protected by an intruder alarm approved?

Yes ☐ No ☐

If yes, please confirm method of signalling

Protected by roller shutters?

Yes ☐ No ☐

Distance to nearest full time fire brigade?

Protected by a fire alarm? If yes, please confirm the method of signalling

Yes ☐ No ☐

Protected by a sprinkler system?

Yes ☐ No ☐

In the sole occupancy of the proposer?

Yes ☐ No ☐

Fixed and permanent heating system?

Yes ☐ No ☐

Has the electrical installation been inspected by a qualified engineer during the past three years

Yes ☐ No ☐

Subsidence:

Do you wish to extend cover to include subsidence?

Yes ☐ No ☐

If yes:

Is the property erected on made up ground or showing any visible signs of cracking?

Yes ☐ No ☐

Has the property or any adjacent property previously suffered damage from subsidence?

Yes ☐ No ☐

Do you wish to extend cover to include Accidental Damage?

Yes ☐ No ☐

Loss of income

Estimated Gross Profit € Please select indemnity period required 12 months ☐ 18months ☐ 24 months ☐ 36 months ☐

ICOW €

AICOW €

Loss of rent € 12 months ☐ 18months ☐ 24 months ☐ 36 months ☐

Business Select Quotation Request Form

Book Debts

Outstanding debit balances sum insured

Loss of License

Sum insured

Goods in Transit

Frozen Foods

Load limit

Sum insured

All risks

Property Insured:

Sum insured

Territory: Eire, Europe or Worldwide

Computer Breakdown

Hardware & Records

Reinstatement of Data

ICOW

Money

Estimated annual amount of all money in transit

Maximum on the premises during business hours or in transit or bank nightsafe

Maximum in safe outside of business hours

Safe details - make/model

Limit

Employers' Liability

Category:

Wageroll:

Clerical

All other manual employees at own premises

Full details of nature of work undertaken:

Working away from premises (not involving the use of heat)

Working away from premises (and involving the use of heat)

Full details of nature of work undertaken:

Public & products liability

Limit of indemnity required

€2.6m

€6.5m

Category

Wageroll of all employees (inc partners/principals/directors)

Payments to labour only subcontractors

Business Select Quotation Request Form

Payments to bona fide subcontractors	€
Category:	Estimated annual turnover:
Within Eire only	€
Within the USA and/or Canada	€
Elsewhere in the world	€

General questions

Please give details of previous Insurers at the premises or elsewhere:

Has any Health or Safety notice/order/prosecution been placed in the last 5 years? Yes ☐ No ☐

Is there a written Health & Safety policy in force which is brought to the attention of your employees? Yes ☐ No ☐

Full time Health & Safety manager in place? Yes ☐ No ☐

Business Continuity Policy in place? Yes ☐ No ☐

Any deep fat frying? Yes ☐ No ☐

Any history of flooding at the premises? Yes ☐ No ☐

Any unattended running of machinery? Yes ☐ No ☐

Are any products deemed as safety critical? Yes ☐ No ☐

Are any materials components or products imported from outside of the European Community? Yes ☐ No ☐

Claims loss history

Please give details of all losses within the last 5 years, whether insured or not or any claims made against the proposer, in this or any other business.

If none, state 'none'

Date of occurrence	Brief details of incident	Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other additional information/material facts

Please advise of any further information, or cover for which quotations are required.