

Data Capture Form - Business Insurance

BUSINESS DETAILS

Business Status: Limited Company / Limited Liability Partnership / Partnership / Sole Proprietor		Registered Company/Partnership Name:
Full Name of Applicant/Sole Proprietor/Partners:		Primary Nature/Trade of Business:
Full Business Address:		
		Postcode:
Work tel:	Home tel:	Mobile tel:
From what date did you gain experience in the trade:	Date covered is required from:	Do you undertake additional trades (If YES, please state): YES / NO

QUOTE DETAILS

Number of Proprietors/Partners: _____

Manual Workers

Number of manually working Proprietors and Partners: Full Time: _____ Part Time: _____

Number of manually working Directors and Employees: Full Time: _____ Part Time: _____

Clerical Workers

Number of Proprietors and Partners whose work is solely clerical: Full Time: _____ Part Time: _____

Number of Directors and Employees whose work is solely clerical: Full Time: _____ Part Time: _____

Any use of fixed woodworking machinery: YES NO Any use of welding/cutting equipment: YES NO

Amount of Public Liability: £1m £2m £5m

Has the Policyholder been continuously insured and claim free during the past five years (if NO, please supply details of claim and dates):

YES / NO

ADDITIONAL COVER/OPTIONS

Employers' Liability (£10 million as standard): YES NO

Damage/theft of Tools and Goods in Transit: £1500 £2500 £5000

Damage to Contents at premises or exhibition: £2500 £5000 £7500 £10000 £12500 £15000 £20000

Damage to Stock at premises or exhibition: £1000 £2500 £5000 £7500 £10000

Business Interruption Cover: £10000 £25000 £50000
(Covers additional cost of working as a result of damage to property)

YOUR QUOTATION WILL BE SUBJECT TO A NUMBER OF TERMS & CONDITIONS FROM THE RELEVANT INSURER. WE WOULD ADVISE THAT YOU READ ALL THE POLICY DETAILS THAT WILL BE SENT WITH YOUR QUOTE TO ENSURE IT IS APPROPRIATE FOR YOUR NEEDS.

Internal use only:

Business Consultant name:

Business Consultant number: