



### QUOTATION REQUEST FORM

NAME OF PROPOSER(S) & TRADING NAME	
RISK ADDRESS	

POSTCODE	
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TYPE OF BUSINESS	RESTAURANT / TAKEAWAY / FISH & CHIP SHOP (Delete)
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DOES THE INSURED HAVE:-	
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A) 'FISH & CHIP' DEEP FAT FRYING RANGE?	Yes / No	
B) BASKET/TABLE TOP DEEP FAT FRYER?	Yes / No	
C) PRESSURE FRYER?	Yes / No	
D) SEATING/DINING AREA?	*Yes / No	

* If Yes No. of Seats:-	
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NUMBER OF EMPLOYEES	
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ANNUAL TURNOVER	£
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NO. OF YEARS BUSINESS ESTABLISHED	
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IS ANY MANUAL WORK CARRIED OUT AWAY FROM THE PREMISES? (EXCLUDING DELIVERY AND COLLECTION)	Yes* / No	*If yes, provide details (inc. no. of persons involved)
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SECURITY DETAILS (I.E.FIVE LEVER MORTICE DEADLOCKS? / KEY OPERATED WINDOW LOCKS?/ SHUTTERS/ALARM)	
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CLAIMS HISTORY (LAST 5 YEARS)	
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ANY PORTION OF FLAT OR FELT ROOF?	Yes* / No	*If yes please state %
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YEAR PROPERTY WAS BUILT	
CONSTRUCTION	

ARE YOU THE SOLE OCCUPANT OF THE PREMISES?	Yes / No*	*If No please provide details
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IS ANY PART OF BUILDING UNOCCUPIED?	Yes* / No	* If Yes please provide details
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IS PROPERTY A LISTED/GRADED BUILDING?	Yes / No
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SUMS INSURED:-	
GENERAL STOCK (EXCLUDE FROZEN/CHILLED)	£
FROZEN/CHILLED STOCK	£
WINES & SPIRITS	£
CIGARETTES/TOBACCO	£
TENANTS IMPROVEMENTS	£
CONTENTS/FIXTURES/FITTINGS	£
BUILDINGS	£

LOSS OF PROFIT (Please select amount required)	£250,000		
	or Specified Sum Insured	£	

IS ANY OF THE ABOVE STOCK STORED IN AN OUTBUILDING?	Yes * / No
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(If yes please advise sum insured, type of items and construction/security of outbuilding.)

**PLEASE NOTE THAT OUR STANDARD PACKAGE INCLUDES THE FOLLOWING COVERS:-  
 MONEY ON PREMISES DURING BUSINESS HRS/IN TRANSIT: £2,500; MONEY IN LOCKED SAFE OUTSIDE  
 BUSINESS HRS: £1,000; GOODS IN TRANSIT: £1,000; DETERIORATION OF FROZEN FOOD: £1,000;  
 EL: £10 MILLION; PL: £2 MILLION; LOSS OF LICENCE: £100,000 (WHERE WINES & SPIRITS COVER OPERATIVE);  
 LOSS OF INCOME: £250,000; BOOK DEBTS: £10,000**

IF YOU WISH TO INCREASE ANY OF THE PACKAGE COVER LIMITS THEN  
 PLEASE STATE COVER REQUIRED BELOW:-

**ARE ANY OF THE FOLLOWING OPTIONAL COVERS REQUIRED? (PLEASE TICK)**

ACCIDENTAL DAMAGE	<input checked="" type="checkbox"/>	TERRORISM	<input type="checkbox"/>
SUBSIDENCE	<input type="checkbox"/>	LEGAL EXPENSES	<input type="checkbox"/>

**ARE ANY OF THE FOLLOWING OPTIONAL SECTION REQUIRED? (PLEASE TICK):-**

ALL RISKS	<input type="checkbox"/>	(Please state items and their sums insured requiring this cover)		
<b>Item Description</b>	<b>Value</b>	<b>Cover at Premises</b>	<b>Cover Anywhere in UK</b>	
	£	Yes / No	Yes / No	
	£	Yes / No	Yes / No	
	£	Yes / No	Yes / No	

FAILURE OF EXTRACTOR UNIT  (Please state no. of units)

PERSONAL ACCIDENT/SICKNESS

**Death / Permanent Disablement** 1 unit is £5000 (50% partial loss) - (Full Details Policy wording-Section 12)  
**Sickness Benefit** 1 unit represents £50

Name of Person to be insured	Date of Birth	Occupation	Number of Units required (Max 10)	Do you require sickness cover?
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No

Has any of the person to be Insured required or received medical treatment in the last 12 months (Excluding minor ailments)? Yes\* / No

**\*If yes please give details :**

CURRENT INSURER	
RENEWAL DATE	
CURRENT/TARGET PREMIUM	
ANY OTHER INFORMATION	

<b>BROKER DETAILS</b>	
Name	
Contact	
Tel Number	
Fax Number	

DATE OF SUBMISSION   
 QUOTE REQUIRED BY:

**PLEASE COMPLETE FORM AND FAX TO: 01489 570150 OR EMAIL TO: shaun.goodman@johnbeard.co.uk**