



Please complete Sections A and those parts in Section B that are relevant to the cover you require.
Please note all information given is treated in the strictest confidence.

SECTION A - DETAILS OF BUSINESS

Contact Name:	<input type="text"/>	Telephone No:	<input type="text"/>
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Business or Trading Name:	<input type="text"/>	Year Established:	<input type="text"/>
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Address to be insured (i.e. the address the organisation uses):

State construction, if not brick/stone with slates/tile roof:

Activities of business (please continue overleaf if necessary or enclose some of your literature e.g. leaflet):

Details of any work away from the premises:

State the number of:

Volunteers:	<input type="text"/>	Full-time employees:	<input type="text"/>	Directors or Trustees:	<input type="text"/>	Part-time employees:	<input type="text"/>
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Gross annual turnover/income:	<input type="text"/>	Total annual payroll estimate:	<input type="text"/>
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Existing insurer:	<input type="text"/>	Renewal date:	<input type="text"/>
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No Claims in the last 3 years or Last 3 Years claims/loss experience history (continue on a separate sheet if necessary):

Any Other Information (continue on a separate sheet if necessary):

SMALL BUSINESS (continued)

Please Fax to 0845 508 5935

SECTION B - COVER REQUIRED

CONTENTS

Standard

Standard+AD

Computer & electronic equipment	£
Stock	£
Tenants Improvements	£
All other contents	£
Total	£

ALL RISKS

Premises:

B. Isles:

Worldwide:

Specified items (enclose list)	£
Unspecified items (item limit £500)	£
Unspecified items (item limit £1000)	£

MONEY

Transit/working hours limit	£
Safe limit	£

EMPLOYER'S LIABILITY

£10M

PUBLIC LIABILITY

£2M

£3M

£5M

PRODUCT LIABILITY

£2M

£3M

£5M

PROPERTY OWNERS LIABILITY

£2M

£3M

£5M

PERSONAL ACCIDENT

£10,000 / £100 per week

BUILDINGS

Standard

Standard+AD

Main Buildings	£
Outbuildings	£
Portacabins / sheds	£
Total	£

BUSINESS INTERRUPTION

12 months

24 months

36 months

Extra Expenses	£
Loss of income	£
Gross Profit	£

BOOK DEBTS

£

FROZEN FOODS

£

GOODS IN TRANSIT

£

Vehicles owned by you (no.xlimit)

£

LEGAL EXPENSES

£100,000

LOSS OF RENT

12 months

24 months

36 months

Rent

£

Please fill in this form electronically, save and email to office@financeredirect.co.uk

Or return this form by post or fax to:
Finance ReDirect, 1st Floor, West Wing, Clifton House,
Goldington Road, Bedford MK40 3NF.

FAX: 0845 508 5935

