

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 SOCIAL ENTERPRISE

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:  Full-time employees;  Directors  Part-time employees;

Gross annual turnover/income:  Total annual payroll estimate:

Existing insurer:  Renewal date:

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):

# SOCIAL ENTERPRISE (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](mailto: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**

