



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
 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

