

Please Fax to: 0845 508 5935

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:

Telephone No:

Name of Organisation:

Year Established:

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:

Volunteers:

Full-time employees:

Directors or Trustees:

Part-time employees:

Gross annual turnover/income:

£

Total annual payroll estimate:

£

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)

Senscot members

Please Fax to 0845 508 5935

SECTION B - COVER REQUIRED

CONTENTS

Standard:	<input type="checkbox"/>	Standard +AD	<input type="checkbox"/>
Computer & electronic equipment	£		
Stock	£		
Tenants Improvements	£		
All other contents	£		
Total	£		

ALL RISKS

Premises:	<input type="checkbox"/>	B. Isles:	<input type="checkbox"/>	Worldwide:	<input type="checkbox"/>
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:	<input type="checkbox"/>	Standard +AD	<input type="checkbox"/>
Main Buildings	£		
Outbuildings	£		
Portacabins/sheds	£		
Total	£		

BUSINESS INTERRUPTION

12 months	<input type="checkbox"/>	24 months	<input type="checkbox"/>	36 months	<input type="checkbox"/>
Extra Expenses	£				
Loss of income	£				
Gross Profit	£				

BOOK DEBTS

£

FROZEN FOODS

£

GOODS IN TRANSIT

£

£

LEGAL EXPENSES

£50,000

£100,000

LOSS OF RENT

12 months

24 months

36 months

Rent £

Please Return this form to us by post or fax to:
Finance ReDirect, 2nd Floor, 6 St Paul's Square,
Bedford, MK40 2BU.
FAX: 0845 508 5935



www.financedirect.co.uk

Finance ReDirect Ltd is the trading company of Create (registered charity number 1078672. Registered address 2nd Floor, 6 St Paul's Square, Bedford, MK40 2BU

