



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: \_\_\_\_\_

Business or Trading Name: \_\_\_\_\_ Year Established: \_\_\_\_\_

Address to be insured (i.e. the address the organisation uses): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_

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 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, 2nd Floor, 6 St Paul's Square,  
Bedford, MK40 1SQ. FAX: 0845 508 5935



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