

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 FIRMS

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 FIRMS (continued)

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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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