

Agent: _____ Contact: _____

Telephone No: _____ Fax No: _____ Date: _____

Client Details			
Name			
Address 1			
		Postcode	
Description of Premises <i>(including construction)</i>			
Address 2			
		Postcode	
Description of Premises <i>(including construction)</i>			
Date Established		No. of vehicles operated	
Business Description			
Additional Activities <i>(Carpentry/Stone Masonry, etc.)</i>			

Sums Insured			
Buildings		Fixtures & Fittings	
Tenants Improvements		Stock	
Turnover		Gross Profit Turnover	
Clerical Wages		Manual Wages	

General Information		
Security		
Claims		
Other comments		
Current Insurer	Renewal date	
Target premium	Held Business	Yes / No