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Business insurance – Combined liability, contents, stock

To save you time we have kept this form as brief as possible. Use the tab key to move through the form. If you do not know the answer, please state “unknown”. When complete, kindly save as your surname and email to enquiries@edisonfordinsure.co.uk

Tell us about you

Title	<input type="text"/>
Your first name/s	<input type="text"/>
Your Last name	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> DD/MM/YYYY
Business name	<input type="text"/>
Business address name or number	<input type="text"/>
Street	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Post code	<input type="text"/>
Contact telephone number	<input type="text"/>
Website address (if you have one)	<input type="text"/>
Nature of business	<input type="text"/>
Description of type of work you undertake	<input type="text"/>
Number of years in business	<input type="text"/>

Details of business property

Name or number (if different to above)	<input type="text"/>
Street	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Post code	<input type="text"/>
What year was the property built?	<input type="text"/>
What are the property's walls constructed from?	<input type="text"/> Other _____
What material makes up the roof?	<input type="text"/> Other _____
Is any party of the roof flat?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes <input type="text"/> % of roof is flat
How is the property heated?	<input type="text"/> Other _____

What material are the floors made of?	<input type="text"/>	Timber, concrete, etc.
Are there stairs in the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, they are made of <input type="text"/> Timber, concrete, etc.
Are you the sole occupant of the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many storeys in the property?	<input type="text"/>	

Security

What kind of locks are on the external doors?	<input type="text"/>	5 Lever mortice, normal yale, etc.
Do all accessible windows have window locks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the property have fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the property have a working burglar alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is it? <input type="text"/>
Is a working smoke alarm fitted at the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a safe fitted in the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Sums insured

Building cover – accidental damage cover is automatically included.

Building sum insured	£ <input type="text"/>	Re-building cost of the property.
Plant and or machinery sum insured	£ <input type="text"/>	
Value of computer equipment	£ <input type="text"/>	Printers, screens, etc.
Value of fixtures and fittings	£ <input type="text"/>	
Value of fax machines, phones, copiers, scanners	£ <input type="text"/>	
Cost of improvements made to property	£ <input type="text"/>	
Value of money kept on premises at any one time.	£ <input type="text"/>	
Total value of stock kept on premises	£ <input type="text"/>	

Business interruption – Business interruption insurance is intended to replace lost income and put an entity into the same financial position as it would have been in had the incident not occurred. The incident may be caused by a major catastrophe, such as a fire destroying the property or simply an electrical equipment failure from a lightning strike that shuts down a production line.

Sum insured (gross profit)	£ <input type="text"/>
Indemnity period	12 Months <input type="text"/>

Employers liability (required by law if you have any employees) – As Insurance premiums for employers liability are normally calculated on the annual wage roll, please complete the following.

Role within company	Annual Salaries/wages	Number of employees
Clerical and non-manual	£ <input type="text"/>	<input type="text"/>
Manual	£ <input type="text"/>	<input type="text"/>
Directors	£ <input type="text"/>	<input type="text"/>

Public/Products liability	
Required indemnity limit	<input type="checkbox"/> £1,000,000 <input type="checkbox"/> £2,000,000 <input type="checkbox"/> £5,000,000
Payments made to bona fide sub-contractors (if any)	£ <input type="text"/>
Does the work you do involve the use of heat? (ie. Soldering, welding etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, % of gross annual turnover that relates to that work %.
Do you use/handle goods known to be potentially harmful to health or that require a hazard warning?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, advise which goods
Gross annual turnover	£ <input type="text"/>
Total wages paid relating to work carried out away from the business premises	£ <input type="text"/>

Contractors all risks – the section of a policy that covers all risks normally associated to a construction project.	
Maximum value of any one contract	£ <input type="text"/>
Total value of company owned plant	£ <input type="text"/>
Highest value of any one single company owned plant item.	£ <input type="text"/>
Payments made per year for hired-in plant.	£ <input type="text"/>

Goods in transit	
Type of goods that are carried	<input type="text"/>
Maximum sum insured in any one vehicle	£ <input type="text"/>
Total number of vehicles used to carry company's goods	<input type="text"/>
Maximum limit for any one loss	£ <input type="text"/>

Claim history (within last 5 years)	
Have any claims in respect of the risks to which this form relates ever been made against the business or any of the principals, partners or directors in the last 5 years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete below:	
Claim 1 - Date	<input type="text"/>
Circumstances	<input type="text"/>
Payments Made	£ <input type="text"/>
Outstanding payments	£ <input type="text"/>
Claim 2 - Date	<input type="text"/>
Circumstances	<input type="text"/>
Payments Made	£ <input type="text"/>
Outstanding payments	£ <input type="text"/>
Claim 3 - Date	<input type="text"/>
Circumstances	<input type="text"/>
Payments Made	£ <input type="text"/>
Outstanding payments	£ <input type="text"/>

Claim 4 -	Date	<input type="text"/>
	Circumstances	<input type="text"/>
	Payments Made	£ <input type="text"/>
	Outstanding payments	£ <input type="text"/>
Claim 5 -	Date	<input type="text"/>
	Circumstances	<input type="text"/>
	Payments Made	£ <input type="text"/>
	Outstanding payments	£ <input type="text"/>

Existing insurance details

Who are you currently insured with?	<input type="text"/>
What is the renewal date of your current policy?	<input type="text"/>
What is your renewal premium?	£ <input type="text"/>
Premium of best quotation received	£ <input type="text"/>
Name of insurer providing best quotation	<input type="text"/>

Any additional information that you feel may affect this policy