



www.mypersonalfinances.co.uk

Introducer Name

Introducer Code

Notes

Freephone 0800 409 6060
Fax 0131 538 4444

Shop Insurance Quote Form

ABOUT THE BUSINESS

Trading Name	<input type="text"/>
Legal Status (Ltd/Partnership/Sole Trader)	<input type="text"/>
Type Of Shop/Goods Sold	<input type="text"/>
Date Established	<input type="text"/>
Contact Name	<input type="text"/>
Business/Risk Address	<input type="text"/>
	Post Code
Telephone Number	<input type="text"/>
	Fax No
Email Address	<input type="text"/>

SUMS INSURED

Stock Wines & Spirits	<input type="text"/>
Stock Beer	<input type="text"/>
Stock Tobacco/Cigarettes	<input type="text"/>
Stock Video Games/CD's	<input type="text"/>
Stock Other	<input type="text"/>
General Contents	<input type="text"/>

TURNOVER

What Is Your Annual Turnover	<input type="text"/>	Please use figure from last accounts (est. for new business)
How Many People Work For You	<input type="text"/>	Manual workers only (inc. self)

BUILDINGS INSURANCE

Do You Need Buildings Insurance	<input type="text"/>	Yes	<input type="text"/>	No
If Yes, Rebuilding Costs	<input type="text"/>	£		

SECURITY INFORMATION

A Fitted Alarm	<input type="text"/>	Yes	<input type="text"/>	No	
If Yes, Is It	<input type="text"/>	Bell Only	Digital Communicator	Redcare	999 To Keyholders
CCTV System	<input type="text"/>	Yes	<input type="text"/>	No	
Fire Alarm System	<input type="text"/>	Yes	<input type="text"/>	No	
5 Lever Deadlocks On All Exit Doors	<input type="text"/>	Yes	<input type="text"/>	No	
24-Hour Security Guarding	<input type="text"/>	Yes	<input type="text"/>	No	Or are the premises in precinct with 24-hour security

(continued over)

SHUTTERS/GRILLS/BARS

On All Windows And Doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On Shopfront Only	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On Rear Windows And Doors Only	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are You The Sole Occupier	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If No, Provide Details

CONSTRUCTION DETAILS

Is The Property Brick/Stone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Roof With Slate/Tile	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If No, Provide Details

ABOUT THE OPTIONAL COVER YOU NEED

Goods In Transit	£ <input type="text"/>	No. of Vehicles	<input type="text"/>
Frozen Foods	£ <input type="text"/>	No. of Cabinets	<input type="text"/>
Legal Expense	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

STANDARD SHOP PACKAGE INSURANCE COVER AUTOMATICALLY INCLUDES:

Public & Products Liability – Employers Liability – Business Interruption – Money – Glass

CLAIMS EXPERIENCE

Please provide details of any claims in last 5 years

Claim Date	Amount	Description Of Incident
<input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	<input type="text"/>

CURRENT INSURANCE DETAILS

Insurer	<input type="text"/>	
Renewal Date	<input type="text"/>	Important so that we may quote on time
Premium Paid Last Year	£ <input type="text"/>	Important for competitive analysis

ADDITIONAL NOTES

DECLARATION

In signing this declaration I confirm that the information provided reflects my/the businesses current situation and understand the information supplied may be stored on computer records and may be passed to an authorised panel of insurance specialists to ensure I receive the best price and service for my insurance requirements.

Name	<input type="text"/>	Signature	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text"/>

My Personal Finances Ltd
Freepost NAT 14846, Edinburgh EH6 6ZQ