

Anglia Insurance Services
Office Quotation Form

Date:	
Operator Name:	
Name of Proposer:	
Risk Address:	
Post Code:	
Corresp. Address:	
Post Code:	

Description of Business:

Trading (Yes/No):		In Flooding Area (Yes/No)	
No. Yrs Trading:		Accidental Damage Cover (Yes/No)	
Alarm (Yes/No):		Year of Building	
Type of Alarm:		Subsidence Cover (Yes/No)	
Window Locks (Yes/No)		Signs of Subsidence (Yes/No)	
Terrorism Cover (Yes/No)			
Part of Building Unoccupied (Yes/No)			
Flat Roofs (Yes/No)			
% Flat Roof			

Claim Experience (Last 5 Years): (Yes/No) **If YES, Please Provide Details:**

Current Insurer:		Renewal Date:		Target Premium:	
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Basic Package		
Section 1 Buildings	Standard Sums Insured	Required Sums Insured
1-1) Buildings		£ -
1-2) Loss of Rent		£ -
Subsidence		
Section 2 Contents		
2-1) Computer Equipment		
2-2) Data Carrying Material		
2-3) Replacing Documents		
2-4) Fixtures & Fittings		
2-5) Tenants Improvements		
2-6) All Other Contents		
2-7) Specified Items All Risks		
Section 3 Glass		
3-0) Glass		
3-1) Neon Signs		
Section 4 Loss of Income		
13) Loss Of Licence	12 Months	
Section 5 Liability		
5-1) Employers Liability		£ 10,000,000.00
5-2) Public Liability		£ 2,000,000.00
Section 6 Money		
6-0) Standard Limits		
6-1) In safe overnight		
Section 7 Assault		
7-0) Personal Assault		Insured
Section 8 Book Debts		
8-0) Outstanding Fee and Outlay		

Any Other Comments Regarding Risk:

EL/PL Cover for non manual work only