

Pubs/Restaurant/Takeaway Form

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

Description of Business: (EG, Restaurant / Takeaway / Fish & Chips) (EG, Indian, Chinese, French):

Trading (Yes/No):	<input type="text"/>	Ducting Annual Service (Yes/No)	<input type="text"/>
No. Yrs Trading:	<input type="text"/>	Frying Range Annual Service (Yes/No)	<input type="text"/>
Alarm (Yes/No):	<input type="text"/>	In Flooding Area (Yes/No)	<input type="text"/>
Type of Alarm:	<input type="text"/>	Accidental Damage Cover (Yes/No)	<input type="text"/>
Window Locks (Yes/No)	<input type="text"/>	Stock in Outbuilding Cover (Yes/No)	<input type="text"/>
Terrorism Cover (Yes/No)	<input type="text"/>	Year of Building	<input type="text"/>
Part of Building Unoccupied (Yes/No)	<input type="text"/>	Subsidence Cover (Yes/No)	<input type="text"/>
Flat Roofs (Yes/No)	<input type="text"/>	Signs of Subsidence (Yes/No)	<input type="text"/>
% Flat Roof	<input type="text"/>	Fish&Chip Range/Fryer? (Yes/No)	<input type="text"/>
		Age:	<input type="text"/>
		Model:	<input type="text"/>
Claim Experience (Last 5 Years): (Yes/No)		<input type="text"/>	If YES, Please Provide Details:

Current Insurer:	<input type="text"/>	Renewal Date:	<input type="text"/>	Target Premium:	<input type="text"/>
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Basic Package		
1) Trader Contents	Standard Sums Insured	Required Sums Insured
1-1) Stock in Trade (incl. Frozen Food)	<i>as specified by client</i>	<input type="text"/>
1-6) Internal Decorations, Fixtures & Fittings	<i>as specified by client</i>	<input type="text"/>
SUB- TOTAL :		£0
1-2, 3) Wine & Spirits; Tobacco & Cigarettes	<i>as specified by client</i>	<input type="text"/>
2) Glass (incl. signs, canopies, blinds)	<i>5% of Section One</i>	<input type="text"/>
3) Loss Of Income	£250,000	<input type="text"/>
4) Money	£2,000	<input type="text"/>
4-3) Money - In Safe out of Business Hours	£1,000	<input type="text"/>
5) Personal Assault	<i>Insured</i>	Insured
6) Liability	<i>Insured</i>	Insured
7) Goods in Transit	£1,000	<input type="text"/>
Optional Sections		
8) Buildings		£0
8-3) Loss of rent		£0
Property Owner's Liability	No	<input type="text"/>
Subsidence	No	<input type="text"/>
9) All Risk		<input type="text"/>
10) Deterioration of Frozen Food		<input type="text"/>
11) Failure Extractor Unit		<input type="text"/>
12-1) Personal Accident only		<input type="text"/>
12-2) Personal Accident & Sickness		<input type="text"/>
13) Loss Of Licence		<input type="text"/>

Any Other Comments Regarding Risk: