

Shop Form Form

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

Description of Business:

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

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

--

Current Insurer: Renewal Date: Target Premium:

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>	
1-6)	Internal Decorations, Fixtures & Fittings	<i>as specified by client</i>	
SUB- TOTAL :			£0
1-2, 3	Wine & Spirits; Tobacco & Cigarettes	<i>as specified by client</i>	
2)	Glass (incl. signs, canopies, blinds)	<i>5% of Section One</i>	
3)	Loss Of Income	£250,000	
4)	Money	£2,000	
4-3)	Money - In Safe out of Business Hours	£1,000	
5)	Personal Assault	<i>Insured</i>	Insured
6)	Liability	<i>Insured</i>	Insured
7)	Goods in Transit	£1,000	

Optional Sections

8)	Buildings	£0	
8-3)	Loss of rent	£0	
	Property Owner's Liability	<i>No</i>	
	Subsidence	<i>No</i>	
9)	All Risk		
10)	Deterioration of Frozen Food		
11)	Failure Extractor Unit		
12-1)	Personal Accident only		
12-2)	Personal Accident & Sickness		
13)	Loss Of Licence		

Any Other Comments Regarding Risk:

--