



# CONTRACTORS COMBINED QUICK QUOTE

ENQUIRY FORM

geo

Broker:

## 1. Insured

Insured:

Risk Address:

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> |                      |
| <input type="text"/> |                      |
| <input type="text"/> |                      |
| <input type="text"/> |                      |
| Postcode             | <input type="text"/> |

Business Description:

Number of Years Trading

At this location

Renewal Inception Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Target Premium

## 2. Premises

Type of Premises:

Office     Store     Warehouse     Workshop

Sole occupant

YES     NO

Standard Construction

YES     NO

If No, please specify below

Heat

YES     NO

Woodworking Machinery

YES     NO

## 3. Security

None     Audible Only     Digi Comm     Redcare     Dual Com

Protects all buildings

YES     NO

Other Security

## 4. Property Sums Insured

|                        |   |                             |   |
|------------------------|---|-----------------------------|---|
| Standard Buildings     | £ | Office & Business Equipment | £ |
| Non Standard Buildings | £ | Plant & Machinery           | £ |
| Portacabins            | £ | General Contents            | £ |
| Containers             | £ | Stock                       | £ |
| Non Ferrous Metals     | £ | Stock in open               | £ |
| Computers (premises)   | £ | Tools (premises)            | £ |
| Computers (UK/EU/WW)   | £ | Tools (UK/EU/WW)            | £ |

## 5. Business Interruption

|               |   |
|---------------|---|
| Gross Profit  | £ |
| ICOW          | £ |
| AICOW         | £ |
| Gross Rentals | £ |

|                  |        |
|------------------|--------|
| Indemnity Period | months |
|------------------|--------|

## 6. Other Covers

|                     |   |
|---------------------|---|
| Goods In Transit    | £ |
| Glass               | £ |
| Money in safe limit | £ |

|                    |  |
|--------------------|--|
| Number of vehicles |  |
|--------------------|--|

|                                  |   |
|----------------------------------|---|
| Money during hours/transit limit | £ |
|----------------------------------|---|

Legal Expenses

YES  NO

## 7. Five Year Claim History

| Date | Claim Type | Amount | Open/Closed |
|------|------------|--------|-------------|
|      |            | £      |             |
|      |            | £      |             |
|      |            | £      |             |
|      |            | £      |             |



**01702 713636 • [info@geounderwriting.com](mailto:info@geounderwriting.com)**

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