MICROBREWERIES COMBINED

ENQUIRY FORM



1. Insured

Name of Insured				
Risk Address				
	Postcode			
Number of Years Trading	Website			
Renewal Inception Date://		Target Premium		
2. Premises Business Description:				
Standard Construction If No, please specify below: Construction Details) YES	<u>NO</u>
Property Description (Year built etc.)				
3. Security Type of Alarm:				
None Audible Only	🔵 Digi Comm	Redcare		\bigcirc NG
Protects all buildings			() YES	() NO
Other Security (KOWL, 5LMD, Fire, etc.)				

4. Facilities

Does the proposer operate a micropub or tap room?

\bigcirc	YES	\bigcirc	NO
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If yes please give details. Including T/O

) YES	
) YES	
) YES	<u>NO</u>
) YES	○ NO
◯ YES	
	 YES YES YES

5. Facilities

Employers Liability

Annual Wage Roll Estimates

Clerical &/or Managerial (Non-Manual Work)	£
Supervisory	£
Manual Employees own premises	£
Work Away (Direct and Labour Only Sub Contractors)	£
Other (Heat or other process)	£

Public / Products Liability

Limit of Indemnity	£
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Annual Turnover Estimates

United Kingdom	£
EU	£
Other (Please Specify)	£
Payments to BFSC	£

Material Damage

Buildings (Standard Construction)	£	Portable Hand Tools	£
Buildings (Non-Standard)*	£	Other Contents	£
Stock	£	Electronic Office Equipment	£
Wines & Spirits	£	Computers	£

Business Interruption

Indemnity Period	months
Gross Revenue Sum Insured	£
Increased Cost of Working	£
Additional Increased Cost of Working	£
Book Debts	£

Money

In Safe	£
In Transit	£

All Risks on Specified Items

Specified Item	OEU	◯ RoW	£
Specified Item	OEU	◯ RoW	£
Specified Item	OEU	◯ RoW	£
Loss of License			

£

Limit of Indemnity

Deterioration of Stock

Frozen Food	£
Refrigerated Stock	£

Glass

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Sum Insured	£
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Goods in Transit

Method of transit	No of Vehicles	Annual Carryings	Load Limit
Post		£	
Road or Rail Hauler		£	
Private Vehicles		£	
Commerical Vehicles		£	

6. Five Year Claim History

Date	Claim Type	Amount	Open/Closed
		£	
		£	
		£	
		£	

7. Additional Information



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