

TRADE INSURANCE QUOTE FORM

INSURED:	
SITUATION:	
OCCUPATION:	

Construction/Building details		
Building	(Brick, Concrete, Cement Sheeting, Fibro, Wood)	
Floor	(Concrete, Wood)	
Roof	(Iron, Metal, Concrete, Fibro, Cement Sheeting)	
Any EPS	YES/NO	If YES what %
Any Asbestos	YES/NO	If YES What %
Age of Building		
Last Rewired		
When was Wiring last checked		
Fire Protection		
Are you connected to Town Water		
How many Fire Extinguishers		
Are Fire Extinguishers services every 6 months		YES/NO
Are there any Hose Reels		YES/NO
Do you have any Smoke Detectors		YES/NO
Type of Fire Department (Metro, Country)		
Approx distance in km from Fire Station		km
Are there any Sprinklers		YES/NO
Is there an Automatic Fire Alarm connected to security company etc		YES/NO
Are there any Fire Hydrants		YES/NO
Flammables		
Do you use thinners, cleaning solvents etc		YES/NO
- If so how many litres		
How are the Flammables Stored?		
- Approved Cabinet		YES/NO
- Other		YES/NO
If Other please give details below		
Do you dispose of oily rags in a self-closing metal bins?		YES/NO
How do you dispose of Paper Waste?		
Security Details		
Is there a Back to Base (Monitored) Alarm		YES/NO
Is there a Local Alarm Only		YES/NO
Are there window locks on the Windows		YES/NO
Are there Bars on all opening Windows		YES/NO
Are there Padlocks on Doors		YES/NO
Are there Deadlocks on Doors		YES/NO
Any other Security? If yes please list below		YES/NO
Material Damage/Property		Yes/No
Buildings		\$
Extra cost of Reinstatement		\$

Contents		\$
Customers Goods (Artwork etc.)		\$
Stock in Trade & Work in Progress		\$
Stock in Trade & Work in Progress at other Trade Locations		\$
Removal of Debris		\$
Business Interruption		Yes/No
Gross Profit		\$
Additional Increased Cost of Working		\$
Wages & Salaries		\$
Claim Preparation Costs		\$
Burglary/Theft		Yes/No
Contents		\$
Stock & Work in Progress		\$
Customers Goods		\$
Specified Items		\$
1.		
2.		
Money		Yes/No
Transit		\$
Business Hours		\$
Outside Business Hours		\$
In Safe		\$
Damage to Safe		\$
Personal Custody/Private Residence		\$
Liability		Yes/No
Limit of Indemnity		\$
Annual Turnover	\$	
Annual Payroll	\$	
Number of Staff including working Directors		
Is Errors & Omissions cover required		YES/NO
Do you perform work over 10 meters in height		YES/NO
Do your business activities include removal of tree stumps and/or treatment of trees		YES/NO
What % of your turnover is for Residential/Domestic work performed		%
What % of your turnover is for Commercial work performed		%
What % of your turnover is for Industrial/Manufacturing work		%

