

About The Business

Trading Name

Legal Status (Ltd/Partners/Sole Trader)

Type Of Shop / Goods Sold

Date Established

Contact Name

Business / Risk Address

Postcode

Telephone Number

Fax Number

E-Mail Address

Sums Insured

Stock Wines & Spirits

Stock Beer

Stock Tobacco / Cigarettes

Stock Video Games / CD's

Stock Other

General Contents

Turnover

What Is Your Annual Turnover Please use figure from last accounts

How Many People Work For You Manual workers only (incl self)

Buildings Insurance

Do You Need Buildings Insurance

Yes	No
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If Yes, Rebuilding Costs

Security Information

A Fitted Alarm	Yes	No			
If Yes Is It	Bell Only	Digital Communicator	Redcare	999 To Keyholders	
CCTV System	Yes	No			
Fire Alarm System	Yes	No			
5 Lever Deadlocks On All Exit Doors	Yes	No			
24 Hour Security Guarding	Yes	No	Or are the premises in precinct with 24 hour security		
Shutters/Grills/Bars	Yes	No	On all windows and doors		
On Shopfront Only	Yes	No			
On Rear Windows & Doors Only	Yes	No			

Construction Details

Are You The Sole Occupier

Yes	No
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If No, Provide Details

Is The Property Brick / Stone

Yes	No
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Roofed With Slate / Tile

Yes	No
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About The Optional Cover You Need

Goods In Transit No Of Vehicles

Frozen Foods No Of Cabinets

Legal Expense

Yes	No
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Standard Shop Package Insurance Cover Automatically Includes:

- Public & Products Liability
- Employers Liability
- Business Interruption
- Money
- Glass

Please Provide Your Claims Experience Over Page

Claims Experience

Please provide details of any claims in last 5 years

Claim Date**Amount** **description of incident**

£	
£	
£	

Current Insurance Details**Insurer****Renewal Date****Premium Paid last year**

£

Important so that we may quote on time

Important for competitor analysis

Additional Notes

WE MIGHT NEED TO CONTACT YOU FOR FURTHER INFORMATION

Members of the General Insurance Standards Council

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