



PLEASE COMPLETE THIS FORM AND FAX to 01322 311 933
Or email: info@everardinsurance.co.uk

Everard

INSURANCE BROKERS LIMITED

FLORIST INSURANCE

TRADING NAME: _____ Established _____
ADDRESS: _____

Postcode: _____ Tel: _____

PRESENT INSURERS: _____ RENEWAL PREMIUM £ _____
Renewal Date: _____

CLAIMS HISTORY OVER PAST 5 YEARS

Date	Cause	Amount of Claim
		£
		£
		£
		£

APPROXIMATE AGE OF THE PREMISES? _____ ARE YOU THE SOLE OCCUPANT OF THE PREMISES? YES/NO

DETAILS OF CONSTRUCTION:

DISCOUNTS AVAILABLE:

WALLS:	No OF CLAIM FREE YEARS:	<input type="text"/>
FLOORS:	DO YOU LIVE ON THE PREMISES?	YES/NO
ROOF:	ARE YOU WITHING A SHOPPING MALL?	YES/NO

PLEASE GIVE DETAILS OF SECURITY AT THE PREMISES (including any alarm system):

PLEASE TICK YOUR PREFERRED COVER	STANDARD <input type="checkbox"/>	STANDARD PLUS <input type="checkbox"/>
Contents	£5,000	£10,000
Stock	£5,000	£10,000
Automatic Subsidence Cover	No	Yes
Automatic AD Cover	No	Yes
Loss of Gross Profit	£600,000	£750,000
Money AOL Limit	£3,000	£5,000
Public Liability	£2,000,000	£5,000,000
Employers Liability	£10,000,000	£10,000,000
Deterioration of Stock	£1,000	£2,500
Work Away (4 persons)	Included	Included
Loss of Liquor License	No	£25,000
Legal Expenses	£50,000	£100,000
Goods in Transit	£2,500	£2,500
Seasonal Increase	25%	50%
Theft	Forcible and Violent Only	Full
Glass	£2,500	£5,000