



INSURANCE BROKERS LIMITED

PLEASE COMPLETE THIS FORM AND FAX to 01322 311933

PRIORITY QUOTATION REQUEST FOR...

**Pottery & Ceramic Craftsmen**

**TRADING NAME** Established

---

**ADDRESS:**

---

**Postcode** **Tel:**

---

**DO YOU LIVE ON THE PREMISES?**  YES  NO

---

**BUSINESS DESCRIPTION**

---

**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:**

**WALLS:**

---

**FLOORS:**

---

**ROOF:**

---

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

---



---

**PLEASE GIVE DETAILS OF HEATING SYSTEMS AT THE PREMISES**

---

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Property Damage</th> <th style="width: 70%;">Sums Insured</th> </tr> </thead> <tbody> <tr> <td>Buildings</td> <td>£</td> </tr> <tr> <td>Machinery &amp; Plant</td> <td>£</td> </tr> <tr> <td>Stock on premises</td> <td>£</td> </tr> <tr> <td>Stock in the open</td> <td>£</td> </tr> <tr> <td>Computer Equipment</td> <td>£</td> </tr> </tbody> </table> <p>Do you require cover for:-</p> <p>Subsidence <input type="checkbox"/></p> <p>Theft <input type="checkbox"/></p>	Property Damage	Sums Insured	Buildings	£	Machinery & Plant	£	Stock on premises	£	Stock in the open	£	Computer Equipment	£	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Business Interruption</th> <th style="width: 70%;">Sums Insured</th> </tr> </thead> <tbody> <tr> <td>Gross profit/revenue</td> <td>£</td> </tr> <tr> <td>Increased cost of working</td> <td>£</td> </tr> <tr> <td>Book debts</td> <td>£</td> </tr> <tr> <td>Declaration linked?</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>Indemnity Period?</td> <td>months</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Goods in Transit</th> <th style="width: 70%;">Sums Insured</th> </tr> </thead> <tbody> <tr> <td>Automatic cover</td> <td>£3,000 per vehicle</td> </tr> <tr> <td>Is a higher limit required?</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>if YES, how much?</td> <td>£</td> </tr> <tr> <td>Do you require cover for more than one vehicle?</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>if YES, how many?</td> <td><input type="text"/></td> </tr> </tbody> </table>	Business Interruption	Sums Insured	Gross profit/revenue	£	Increased cost of working	£	Book debts	£	Declaration linked?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Indemnity Period?	months	Goods in Transit	Sums Insured	Automatic cover	£3,000 per vehicle	Is a higher limit required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	if YES, how much?	£	Do you require cover for more than one vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO	if YES, how many?	<input type="text"/>	<p><b>Legal Liabilities Do you require:-</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 70%;">Employers Liability</td> <td style="width: 15%;"><input type="checkbox"/> YES</td> <td style="width: 15%;"><input type="checkbox"/> NO</td> </tr> <tr> <td>Public Liability</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Products Liability</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </tbody> </table> <p>Public Liability/ Products Liability Limit of Indemnity</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 70%;">2,000,000?</td> <td style="width: 15%;"><input type="checkbox"/> YES</td> <td style="width: 15%;"><input type="checkbox"/> NO</td> </tr> <tr> <td>5,000,000?</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </tbody> </table>	Employers Liability	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Public Liability	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Products Liability	<input type="checkbox"/> YES	<input type="checkbox"/> NO	2,000,000?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	5,000,000?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Property Damage	Sums Insured																																																				
Buildings	£																																																				
Machinery & Plant	£																																																				
Stock on premises	£																																																				
Stock in the open	£																																																				
Computer Equipment	£																																																				
Business Interruption	Sums Insured																																																				
Gross profit/revenue	£																																																				
Increased cost of working	£																																																				
Book debts	£																																																				
Declaration linked?	<input type="checkbox"/> YES <input type="checkbox"/> NO																																																				
Indemnity Period?	months																																																				
Goods in Transit	Sums Insured																																																				
Automatic cover	£3,000 per vehicle																																																				
Is a higher limit required?	<input type="checkbox"/> YES <input type="checkbox"/> NO																																																				
if YES, how much?	£																																																				
Do you require cover for more than one vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO																																																				
if YES, how many?	<input type="text"/>																																																				
Employers Liability	<input type="checkbox"/> YES	<input type="checkbox"/> NO																																																			
Public Liability	<input type="checkbox"/> YES	<input type="checkbox"/> NO																																																			
Products Liability	<input type="checkbox"/> YES	<input type="checkbox"/> NO																																																			
2,000,000?	<input type="checkbox"/> YES	<input type="checkbox"/> NO																																																			
5,000,000?	<input type="checkbox"/> YES	<input type="checkbox"/> NO																																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Money</th> <th style="width: 70%;">Sums Insured</th> </tr> </thead> <tbody> <tr> <td>Automatic cover</td> <td>£2,500 in transit £1,000 in safe</td> </tr> <tr> <td>Are higher limits required?</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>if YES, how much?</td> <td>£ in transit £ in safe</td> </tr> </tbody> </table>	Money	Sums Insured	Automatic cover	£2,500 in transit £1,000 in safe	Are higher limits required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	if YES, how much?	£ in transit £ in safe	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 30%;">Sums Insured</th> </tr> </thead> <tbody> <tr> <td>Clerical wages</td> <td>£</td> </tr> <tr> <td>All other wages</td> <td>£</td> </tr> <tr> <td>Turnover</td> <td>£</td> </tr> </tbody> </table>		Sums Insured	Clerical wages	£	All other wages	£	Turnover	£	<p>Should you require any help with the completion of this form then please contact us on 01322 394 500 or e-mail <a href="mailto:info@everardinsurance.co.uk">info@everardinsurance.co.uk</a></p>																																			
Money	Sums Insured																																																				
Automatic cover	£2,500 in transit £1,000 in safe																																																				
Are higher limits required?	<input type="checkbox"/> YES <input type="checkbox"/> NO																																																				
if YES, how much?	£ in transit £ in safe																																																				
	Sums Insured																																																				
Clerical wages	£																																																				
All other wages	£																																																				
Turnover	£																																																				

All Risks Cover automatically gives £500 for tools (UK ONLY)

ANY OTHER RELEVANT INFORMATION SHOULD BE DECLARED ON A SEPARATE SHEET