

SHEARWATER INSURANCE SERVICES

PUB/WINE BAR QUOTATION REQUEST

Date:

Your contact telephone no:

Your name:

Trading as:

Risk Address of your business:

Renewal date of your current policy:

Current Insurers:

Your last premium paid: £

How many years have you been trading:

COVER INFORMATION

Please complete the value required or Nil if cover not required

Buildings:	£
Glass cover:	£
Wines/Beers/Spirits:	£
Tobacco:	£
Frozen foods:	£
All other stock:	£
Fixtures/Fittings & Contents	£
Business Interruption cover (Loss of Gross Profit)	£
Loss of License cover:	£
Money cover:	£
Do you have a safe on the premises?	Yes/No
Goods in Transit cover:	£
Public Liability	£
Employers Liability	£
Standard level if required is £10,000,000	

SECURITY: Please advise which of the following apply

Five Level Mortise Deadlocks on all external doors	Yes/No
Key operated window locks on all accessible windows	Yes/No
Roller Shutters	Yes/No
Grilles	Yes/No
Bars on windows (advise which)	Yes/No
CCTV (advise if external or internal)	Yes/No
Alarm system	Yes/No
Please advise type of alarm, i.e. Bells/Audio only, Central Station, Redcare, if other please give further information.	

CLAIMS:

Please provide details of any claims made in the past 5 years including dates/ costs/circumstances.

CONSTRUCTION

Is your building of standard construction? I.e. built from the following:

Walls: Brick, Stone or Concrete. **Yes/No**
If other please advise further details.

Roof: Slate, Tile. **Yes/No**
If other please specify further details

Is any of the roof flat? If yes advise % of flat area: **%**
If yes, advised construction of roof, i.e. asphalt on timber or concrete.
If yes, please advise age of roof & when last inspected.

Please advise approx year of build:

Does your building contain any composite panels in the construction?
I.e. are any of your walls insulated with polystyrene filler. **Yes/No**

Please provide some general information about your business:

Do you have any of the following:

Doormen	Yes/No
Children's Play Area	Yes/No
Ticket Admissions	Yes/No
Live Entertainment or Disco etc.	Yes/No

If you have answered 'yes' to any of the above we may need to contact you to obtain further information before processing your quotation. Please answer the remaining questions and ensure you add a contact telephone number at the top of this form.

Do you have a restaurant area? Yes/No
If yes, advise no of seats in restaurant.

Do you have any guest rooms to let? Yes/No
If yes, advise how many rooms.

Is there any residential accommodation? Yes/No
If yes, advise who lives there, i.e. proprietor/manager/family etc.

Do you have a designated outside smoking area? Yes/No
If yes, do advise if you have awnings/heating etc.

Do you provide hot food? Yes/No

Is waste cleared from inside the premises daily? Yes/No

Do you use any mobile heating units? Yes/No
If yes, give further information.

Do you have a basement? Yes/No
If yes, advise what you store there?

Please add any further information you may feel is relevant to your business below:

Signature:

Date:

Once completed post to:

**Ian Clements
Shearwater Insurance Services Ltd
8 Regent Gate
Waltham Cross
EN8 7AF**

Or Fax to: 08700 750043