



ABBOTT INSURANCE

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Goods In Transit Quote Request

Client Name	
Current Insurer	
Due Date	
Target Premium	
Abbotts' Contact	

Please complete all questions as fully as possible and return the form to any Abbott Insurance office. This form is available in paper, Adobe PDF or Microsoft Word 97 making it easier to post, fax or email. Please ask for details.

If you would like this form in large print, please call
01383 511442



CONTACT DETAILS

Company Name & Status	1. Business Name			
	Contact Name			
	Status	Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>	
		Limited Company <input type="checkbox"/>	Registered Charity <input type="checkbox"/>	
	Address			
	Telephone		Postcode	
E-mail		Fax		
		Web Site	www.	

DEMANDS & NEEDS

✓ Required X Not Required	<p>2. This document is fundamental to our research for insurance cover that meets the demands & needs of a business owner who wishes to have insurance cover in place to:</p> <ul style="list-style-type: none"> ✓ protect third party assets in their custody or control through damage or theft <p>The details in this Quote Request records the information you have supplied to allow us to research insurance companies and insurance products that meet your requirements.</p> <p>The information recorded in this document has been material in our assessment of</p> <ol style="list-style-type: none"> 1) your eligibility for insurance policies available, 2) the terms and conditions applying to the policies being offered or recommended; 3) the insurance premium quoted. <p>Please check this document carefully. If there are any errors or omissions, please contact us immediately. Failure to do so could result in the subsequent insurance policy being invalidated from inception or a claim being repudiated.</p> <p>Removals and Storage Companies that offer and charge insurance as an optional extra for their clients must be authorised and regulated by the financial services authority or have other arrangements or exemptions in place. Please contact Abbott Insurance for further details.</p>
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BUSINESS DETAILS

Details	<p>3. Date Established:</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>How many years experience do you have in this trade?</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Names of Principals:</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Nature of Business:</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Please describe fully your business activities</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
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AREAS OF WORK

Areas of Work

4. In which geographical areas do you work?

UK	<input checked="" type="checkbox"/>	Northern Ireland	<input type="checkbox"/>	Europe	<input type="checkbox"/>
WW excluding North America	<input type="checkbox"/>	WW including North America	<input type="checkbox"/>		

How Many Storage Locations do you have?

What is the maximum height at which you will work?

Do you subcontract out any of your work?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you work in any hazardous locations?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you have answered yes to the above, please give details.

INSURANCE SUMMARY

Current Insurance

5. Current Insurer
Renewal Date

Core Covers

Any One Customer	£
Any One Vehicle	£
Location 1	£
Location 2	£
Location 3	£

Other Covers

<i>Please indicate which other covers are required.</i>		<i>Due Date</i>
Combined Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Buildings & Contents	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Personal Accident	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Legal Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Event Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

STORAGE PREMISES DETAILS (1)

Location

Please copy this page for additional locations

6.

Address

	Postcode	

Construction

Description

Detached <input type="checkbox"/>	Semi-detached <input type="checkbox"/>	Block <input type="checkbox"/>
Self-contained <input type="checkbox"/>	Other <input type="checkbox"/>	

Number of Storeys

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Wall Construction

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Roof Construction

--

Flat roof construction

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Flat roof percentage

	Flat roof age	
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Year Built

--

Neighbouring Properties

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Other details (listed, repaired, flood, subsidence)

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Security

Physical Security

CCTV

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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External Locks BS3621
mortice deadlocks

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Key operated windows

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Other Security

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Detail of Alarm approvals & maintenance:

Signalling

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Fire Alarms

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Smoke Detectors

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Extinguishers

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Sprinklers

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Distance to nearest fire brigade

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Is there a no-smoking policy in place and is it enforced?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Heating

Describe heating arrangements

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BUSINESS PROFILE

Turnover

7. Annual Turnover from Removals, Haulage & Storage

£

Annual Turnover from other activities

£

Annual Charges

a. All Risks UK Removals and Storage

£

b. All Risks Removals to Europe

£

c. Legal Liability Only Under BAR Conditions

£

d. General Haulage Under RHA Conditions

£

e. General Haulage Under CMR Conditions UK

£

f. General Haulage Under CMR Conditions Europe

£

g. General Haulage All Risks

£

h. General Storage Under NAWK Conditions

£

i. General Storage All Risks

£

j. Any Other Not Included Above

£

If cover is required under headings G), I) or J) then please give full details of the type of work, the nature of the goods and the limits required.

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GOODS IN TRANSIT

G.I.T.

8. Maximum Load

£

Number of Vehicles

Vehicle Type

Total Carrying per annum

£

Nature of goods carried

CLAIMS HISTORY

Claims History

9. Please give details of all Removal and Storage insurance claims in the past 3 years.

Year	No of Claims Paid	Amount Paid	Number of Claims Outstanding	Amount Outstanding
Last Year		£		
Previous Year		£		
2 Years Ago		£		

Please give full details of all claims in excess of £1,000

MATERIAL INFORMATION

Please note your obligations with respect to material facts. Material facts are those which may affect the insurers assessment of the risk. This duty of disclosure is imposed on policyholders by the legal principle of Utmost Good Faith and clauses in the policy. It arises at inception, renewal and whenever previously disclosed facts change. If you are in doubt as to whether a fact is one that you should disclose, you should declare it to Abbott Insurance regardless.

You should advise us as soon as reasonably practicable of any changes in your circumstances that may affect the services to be provided by Abbott Insurance, or the cover provided under your insurance policy.

DECLARATION

1. I/We declare that

- (a) this quote request form has been completed after proper enquiry;
- (b) its contents are true and accurate
- (c) all matters which may be relevant to the consideration of your needs for insurance have been disclosed.
- (d) the proposer has never
 - i) had insurance refused, renewal declined or special terms applied
 - ii) had any criminal convictions, prosecutions pending or subject to an investigation that may lead to prosecution (other than motoring offences)
 - iii) been declared bankrupt or insolvent or been disqualified from being a company director

2. I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

3. I/We agree that completing this quote request does not bind me/us, the broker or the insurer into entering into a contract of insurance.

Signature of Proposer

Date

A copy of this form should be retained for your records.