



ABBOTT INSURANCE

239 High Street

Cowdenbeath

Fife

KY4 9QF

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info@abbottinsurance.co.uk

Children's Nursery 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

- 2.** This Quote Request 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:
- be indemnified for their legal liabilities to their employees through liability insurance
 - be indemnified for their legal liabilities to the public through liability insurance
 - protect their assets through property damage or theft
 - protect third party assets in their custody through damage or theft
 - compensate for loss of income when unable to work through personal accident
 - compensate for loss of income when unable to work through personal illness

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.

The information recorded in this document has been material in our assessment of

- 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.

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.

BUSINESS DETAILS

Details	3. Date Established:	
	How many years experience do you have in this trade?	
	Names of Principals:	
	Nature of Business:	Childrens' Nursery
	Please describe fully your Nursery activities including activities away from the premises	

NURSERY PROFILE

Numbers

4. Please give a breakdown of the number of children for each age range

0 - 2 years (toddler)

3 - 5 years (pre-school)

5 - 12 years (primary school)

Out of School Clubs

Holiday Play Schemes

Other

over 12 (secondary school)

Out of School Clubs

Holiday Play Schemes

Other

Total (as registered)

Session Times

Has there ever been any opposition to the grant / renewal of registration Yes No

Registration Number

Date of first registration

INSURANCE DETAILS

Insurance History & Requirements

5. Current Insurer

Renewal Date

Have you had continuous insurance since opening? Yes No

Summary of Cover Required	
Public Liability	£ ,000,000
Employers Liability	£ ,000,000
Malpractice Liability	£
Buildings	£
Subsidence Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contents	£
Business Interruption	£
Loss of Registration	£
Personal Accident (Adults)	£
Personal Accident (Children)	£
Frozen Foods	£
Failure of Utilities	£
Money	£

<i>Please indicate which other covers are required.</i>	<i>Due Date</i>
Vehicle Insurance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Legal Expenses	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Event Insurance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

BUSINESS PROFILE

Turnover

6. Please give a breakdown of your annual turnover. This should be based on the actual figures for the past year or the forecast for the coming year. Please indicate which.

Last Year Actual Turnover Current/Next Year Forecast

Total	£
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Staff Details

	Number of Employees	Annual Wages
Principals		£
Qualified Direct Employees		£
Temporary Employees		£
Students		£
Others		£
Total		£

BUILDINGS & CONTENTS

Location	7.	Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr> <td style="width: 60%; height: 20px;"></td> <td style="width: 10%; text-align: center;">Postcode</td> <td style="width: 30%; height: 20px;"></td> </tr> </table>							Postcode	
	Postcode										
		Sum Insured	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>								
		Neighbouring Properties	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>								
		Is the building used solely as a nursery	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Yes <input type="checkbox"/></td> <td style="width: 50%;">No <input type="checkbox"/> if no, give details</td> </tr> </table>		Yes <input type="checkbox"/>	No <input type="checkbox"/> if no, give details					
Yes <input type="checkbox"/>	No <input type="checkbox"/> if no, give details										
Construction		Description	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Detached <input type="checkbox"/></td> <td style="width: 33%;">Semi-detached <input type="checkbox"/></td> <td style="width: 34%;">Block <input type="checkbox"/></td> </tr> <tr> <td>Self-contained <input type="checkbox"/></td> <td colspan="2">Other <input type="checkbox"/></td> </tr> </table>		Detached <input type="checkbox"/>	Semi-detached <input type="checkbox"/>	Block <input type="checkbox"/>	Self-contained <input type="checkbox"/>	Other <input type="checkbox"/>		
Detached <input type="checkbox"/>	Semi-detached <input type="checkbox"/>	Block <input type="checkbox"/>									
Self-contained <input type="checkbox"/>	Other <input type="checkbox"/>										
		Walls	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>								
		Roof	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>								
		Flat roof construction	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>								
		Flat roof percentage	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"></td></tr> </table>		Flat roof age	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40%; height: 20px;"></td></tr> </table>					
		Year Built	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>								
		Other details (listed, repaired, flood, subsidence)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>								
Security		Physical Security	CCTV	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Yes <input type="checkbox"/></td><td style="width: 50%;">No <input type="checkbox"/></td></tr> </table>	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>										
			External Locks BS3621 mortice deadlocks	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Yes <input type="checkbox"/></td><td style="width: 50%;">No <input type="checkbox"/></td></tr> </table>	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>										
			Key operated windows	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Yes <input type="checkbox"/></td><td style="width: 50%;">No <input type="checkbox"/></td></tr> </table>	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>										
			Other Security	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>							
		Detail of Alarm approvals & maintenance:									
		Signalling	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>								
		Fire Alarms	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
		Smoke Detectors	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
		Extinguishers	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
		Sprinklers	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
Contents		General Contents	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 20px;">£</td></tr> </table>		£						
£											
		Fixtures & Fittings	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 20px;">£</td></tr> </table>		£						
£											
		Electronic Contents	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 20px;">£</td></tr> </table>		£						
£											
		Goods In Transit	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 20px;">£</td></tr> </table>		£						
£											

PERSONAL ACCIDENT & ILLNESS

Personal Accident	1. Capital Sum	£
	Death Benefit	£
	Weekly Benefit	£
	Jurisdiction	<input type="checkbox"/> UK <input type="checkbox"/> Europe <input type="checkbox"/> world-wide <input type="checkbox"/> 24 x 7 <input type="checkbox"/> working hours only
Illness	Weekly Benefit	£
	Are you in a good state of health?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hazards <i>If yes, please give details</i>	Do you work in any hazardous locations?	
	Do you take part in any hazardous activities or contact sports?	

BUSINESS INTERRUPTION

Sum Insured	2. Increased cost of working	£	per annum
	Loss of Revenue	£	per annum
	Gross Profit	£	per annum
	Indemnity Period	<input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months	
	Denial of access cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Failure of utilities cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

MONEY

Safe	3. Safe Manufacturer	
	Model	
	Type	
	Safe Limit	£
Cash	Open Cash Limit	£
	Cash in Transit Limit	£

CLAIMS HISTORY

Claims History

8. Please give details of all business insurance claims in the past 5 years. Use the additional space below if required.

No.	Date	Amount	Detail
1		£	
2		£	
3		£	
4		£	
5		£	

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.

4. 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.