



# ABBOTT INSURANCE

239 High Street

Cowdenbeath

Fife

KY4 9QF

Phone: 01383 511442

Fax: 01383 610902

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[info@abbottinsurance.co.uk](mailto:info@abbottinsurance.co.uk)

## Pub, Guest House & Hotel 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

<b>Company Name &amp; Status</b>	<b>1.</b> Business Name			
	Contact Name			
	Status	Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>	
		Limited Company <input type="checkbox"/>	Registered Charity <input type="checkbox"/>	
	Correspondence 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
- 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

<b>Details</b>	<b>3.</b> Date Established:	
	How many years' experience do you have in this trade?	
	Names of Principals:	
	Nature of Business:	
	Please describe fully your business activities	

## INSURANCE SUMMARY

### Insurance History & Requirements

4. Current Insurer

Renewal Date

Summary of Cover Required

Public Liability	£
Employers Liability	£
Buildings	£
General Contents	£
Wines & Spirits	£
Other Stock	£
Money	£
Loss of Licence	£
Business Interruption	£

*Please indicate which other covers are required.*

		<i>Due Date</i>
Vehicle Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Personal Accident	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Goods In Transit	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"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## BUSINESS PROFILE

### Turnover

5. 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	<input checked="" type="checkbox"/>	Current/Next Year Forecast	<input type="checkbox"/>
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Total

### Staff Details

Please include labour only sub-contractors as employees.

	Number of Employees	Annual Wages
Principals		£
Full Time Direct Employees		£
Part Time Direct Employees		£
Others		£
<b>Total</b>		<b>£</b>

## BUSINESS ACTIVITIES

### Entertainment

6. Do you have a regular late licence?  
Mid-week opening times?  
Weekend opening times?

Yes  No

Do you have function rooms?

Yes  No

Do you have live entertainment or dancing?

Yes  No

Other facilities (sports, childs play area etc)

Yes  No

### Security

- Do you have specific security staff?  
Who employs the security staff?

Yes  No

- The Proposer  
 Self Employed  
 Agency Staff

### Charges

- Do you charge an entrance fee?  
Do you restrict entry to members only?

Yes  No

Yes  No

### Occupancy

Maximum duration of unoccupancy?

If you have answered yes to the above, please give details.

## FOOD

### Details

7. Do you offer hot food?  
How many covers can you accommodate?  
Do you use deep-fat frying equipment?

Yes  No

Yes  No

- Frying Range  
 Basket Fryer  
 Small Domestic Fryer

## ACCOMODATION

### Details

8. Do you live on the premises?  
Do you accommodate paying guests?  
How many letting rooms do you have?  
What type of guests do you accommodate?  
Do the letting rooms have cooking facilities?

Yes  No

Yes  No

- Tourist / B&B  
 Professionals  
 DSS  
 Asylum Seekers

Yes  No

## BUILDINGS & CONTENTS

<b>Location</b>	<b>9.</b>	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%;"></td> <td style="width: 40%;">Postcode</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>							
		Distance from nearest watercourse, river or shoreline?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>							
		Distance from nearest fire station	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>							
<b>Construction</b>		Description	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Detached</td> <td><input type="checkbox"/> Semi-detached</td> <td><input type="checkbox"/> Block</td> </tr> <tr> <td><input type="checkbox"/> Mid-Terraced</td> <td><input type="checkbox"/> End-Terraced</td> <td><input type="checkbox"/> Other</td> </tr> </table>		<input type="checkbox"/> Detached	<input type="checkbox"/> Semi-detached	<input type="checkbox"/> Block	<input type="checkbox"/> Mid-Terraced	<input type="checkbox"/> End-Terraced	<input type="checkbox"/> Other
<input type="checkbox"/> Detached	<input type="checkbox"/> Semi-detached	<input type="checkbox"/> Block								
<input type="checkbox"/> Mid-Terraced	<input type="checkbox"/> End-Terraced	<input type="checkbox"/> Other								
		Wall Construction	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>							
		Roof Construction	<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: 60%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>		Flat roof age					
		Number of floors?	<table border="1" style="width: 60%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>		Cellar?					
		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>							
<b>Security</b>		Physical Security	Local Authority CCTV	Yes <input type="checkbox"/> No <input type="checkbox"/>						
			Own CCTV	Yes <input type="checkbox"/> No <input type="checkbox"/>						
			External Locks BS3621 mortice deadlocks	Yes <input type="checkbox"/> No <input type="checkbox"/>						
			Key operated windows	Yes <input type="checkbox"/> No <input type="checkbox"/>						
			Grills & Shutter Details	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>						
			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"/>							
<b>Assets</b>		General Contents	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">£</td></tr> </table>		£					
£										
		Fixtures & Fittings	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">£</td></tr> </table>		£					
£										
		Electronic Contents	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">£</td></tr> </table>		£					
£										
		General Stock	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">£</td></tr> </table>		£					
£										
		Wines & Spirits	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">£</td></tr> </table>		£					
£										
		Plant & Equipment	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">£</td></tr> </table>		£					
£										
		Goods In Transit	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">£</td></tr> </table>		£					
£										

## MONEY

### Money

10. Safe Manufacturer  
 Model  
 Type  
 Safe Limit  
 Other Cash Limit

£
£

## BUSINESS INTERRUPTION

### BI

11. Increased Cost of Working  
 Gross Profit  
 Loss of Revenue  
 Indemnity Period  
 Failure of Utilities?

£
£
£
<input type="checkbox"/> 12 months <input type="checkbox"/> 24 months
Yes <input type="checkbox"/> No <input type="checkbox"/>

## CLAIMS HISTORY

### Claims History

12. 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.

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.**