

# SHOP ENQUIRY FORM

<b>Proposers Name</b>	
<b>Trading Name</b>	
<b>Trading Address (including postcode)</b>	
<b>Business Type</b>	

<b>Sum Insured for</b>	
<b>Buildings</b>	
<b>Stock</b>	
<b>Fixture and Fittings</b>	
<b>Wines and Spirits</b>	
<b>Beers</b>	
<b>Tobacco, Cigarettes, Cigars etc</b>	
<b>Clothing</b>	
<b>Video and Computing Media</b>	
<b>Money</b>	
<b>Glass</b>	

<b>How are windows and doors secured?</b>	
<b>Any shutter to the premises?</b>	
<b>Type of alarm, is it maintained &amp; name</b>	

<b>How long trading?</b>	
<b>Any history of claims?</b>	
<b>Previous Insurer</b>	
<b>Renewal Date</b>	
<b>Target Premium</b>	