# New Logo 2018Shop & Salon Insurance Enquiry

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| --- | --- |
| Trading Name |       |
|  |
| Contact Name |       |
|  |
| Telephone Number |       |
|  |
| E-mail address |       |
|  |
| Correspondence Address |       |
|  |
|       |
|  |
|       | Postcode |       |
|  |
| Business Address to be Insured |       |
|  |
|       |
|  |
|       | Postcode |       |

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| --- |
| Trade or Business (Please provide full details) |
|       |
|  |
| Type of Ownership | Sole trader [ ]  Partnership [ ]  LLP [ ]  Limited Co [ ]  |
|  |
| Years Established |       |
|  |
| Years at Current Location |       |

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| Construction of Property if buildings or contents cover is required) |
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| Type of Premises*e.g. Single storey, shop with flat above, unit in retail complex* |       |
|  |
| Are the premises self-contained | Yes [ ]  No [ ]  |
|  |
| Walls | Brick [ ]  Other (Please provide full details) [ ]   |
|  |
| Roof | Tile or slate [ ]  Other (Please provide full details) [ ]   |
|  |
| Has the property suffered damage from subsidence? | Yes [ ]  No [ ]  |
|  |
| If the property has an area of flat roof, what approximate percentage of the total roof area does this represent? |      % |
|  |
| Are the premises occupied overnight by you or a member of staff | Yes [ ]  No [ ]  |
|  |
| Is an alarm fitted at the premises?If so, please confirm the name of the alarm installer (normally shown on the external box) and the type of signalling, e.g. bell only or central station. | Yes [ ]  No [ ]  |

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| Do you offer any treatments? If so please provide details. |
|       |
| Please provide details of any work away from the premises other than collection and delivery  |
|       |

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| Sums to be Insured |
|  |
| Rebuilding value of buildings (if required)  | £      |
|  |
| Shop Front & Tenant’s Improvements (if no buildings cover) | £      |
|  |
| Stock of wines and spirits | £      |
|  |
| Stock of cigarettes and tobacco  | £      |
|  |
| Other stock | £      |
|  |
| Own computers and electronic equipment  | £      |
|  |
| Other contents (fixtures and fittings) | £      |
|  |
| Goods in Transit  | £      |
|  |
| Loss of Licence (where relevant) | £      |
|  |
| If you sell second hand goods what % of your turnover does this account for? |      % |

|  |  |
| --- | --- |
| Annual Turnover | £      |
|  |
| Number of Employees  |       |
|  |
| Wageroll | £      |
|  |
| Employer Reference Number (If Applicable) |       |

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| --- | --- |
| Present insurer: |       |
|  |
| Approximate premium:  | £      |
|  |
| Renewal date:  |       |
|  |
| Where did you hear about Norris & Fisher? |       |

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| Full details of claims within the last 5 years & any further details or comments |
|       |

Please send this form to Norris & Fisher and a quotation will be provided as soon as possible.

**Phone**: 023 8026 9009

**Fax**: 023 8026 1525

**Email**: contact@norrisandfisher.com

**Post:** 34a Hiltingbury Road

 Chandlers Ford

 Eastleigh

 Hampshire

 SO53 5SS



Norris & Fisher (Insurance Brokers) Ltd are authorised and regulated by the Financial Conduct Authority. Our register number is 303993.

www.norrisandfisher.com