



Business Insurance Quotation Form

Please complete ALL relevant sections of this form as accurately as possible to ensure your quotation is correctly calculated. Should there be any questions you are unsure of, please request a call back and one of our business insurance specialists will call you to provide assistance.

Steps: **1** **2** **3** **4** **5** **6**

About you

Your full name/s:

Company / Trading name: (to appear on policy)

Nature of your business:

Type of business:

Correspondence / Postal address:

Post code:

Primary business address:

Post code:

Years established at this address:

Best daytime phone number:

Fax number:

Email address:

Website:



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Steps: 1 2 3 4 5 6

Build your policy

Please select the sections you require insurance on and provide the amounts of cover you require

Material Damage Cover

Buildings:

Tenants, Improvements & Decoration:

Electronic Business Equipment:

Computers:

Office Contents:

Machinery, Plant Fixtures/Fittings, all other Contents:

Stock:

Business Interruption Cover

What type of protection do you require:

Loss of Revenue / Income

Additional Trading Expenses

Sum Insured you require if you were unable to trade:



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Liability Cover

Employers Liability:

Public Liability:

Products Liability:

Do you undertake any business activities outside of the UK, Isle of Man or the Channel Islands:
 Yes
 No

Your estimated annual turnover derived from the:
 UK
 Europe
 USA / Canada

Sum of annual wages paid to:
 Principals / Partners
 Directors, Clerical & Management
 Employees using hazardous machinery
 All other employees

Professional Indemnity Cover

Your estimated annual turnover:

Is this turnover derived solely from clients based in the UK: Yes No



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Steps:

1

2

3

4

5

6

About your business

Please provide the following details about your business

Type and nature of your premises

Where is your business operating from:

Describe the construction of your: Walls

Roof

Floors/Stairs

Age of the building:

Fire Protection

Fire extinguisher equipment installed:

Automatic fire alarm installed:

Signalling method:

Sprinklers Installed:

Yes No



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Steps: 1 2 3 4 **5** 6

About your business

Please provide the following details about your business

Security Protection

Locks fitted on all doors & windows: Yes No

Alarm signalling:

Guards: Yes No

CCTV: Yes No

Floodlighting: Yes No

Health & Safety

Do you have a Health & Safety policy in place:

Is regular Health & Safety training provided to your staff: Yes No

General

Has any insurer cancelled, declined to renew, or declined to provide cover in respect of any partner, director or principal: Yes No

Have you, or any partner, principal, director, employee or representative ever been convicted (or charged with but not yet tried for) for any criminal offence: Yes No



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Steps:      

Your claims experience

Please provide the following details about your claims experience

Claims Experience

Number of claims in past 5 years:

Date of loss of most recent claim:

Amount claimed:

Have any preventative measures been taken:

Do you have any pending claims or are you aware of any potential future claims on your business that may influence cover when taking out a policy with us: Yes No

If answered 'Yes' to above, please provide full detail:

Date of cover

Your current renewal date:

Date cover required from:

Your current premium:

Terms & Conditions

I/we have read and agree to the LRO Insurance [Terms & Conditions](#)

