

## RISK SUBMISSION FORM

<b>Your / Company Details</b>				
Company Name				
Contact Name				
Telephone Number				
Email Address				
<b>Insured Details</b>				
Insured Name				
<b>Other Information</b>				
Holding Broker				
Current Insurer				
Any Other Insurer / Broker Approached for a Quotation?		YES <input type="checkbox"/> NO <input type="checkbox"/> <i>if yes, Details</i>		
Renewal Date				
Target Premium				
Deadline Date				
Terrorism Quotation Required		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Engineering Insurance Quotation Required		YES <input type="checkbox"/> NO <input type="checkbox"/> <i>if yes, Please complete an Engineering Insurance supplementary Questionnaire</i>		
<b>Claims Experience</b>				
Have there been any claims settled or submitted or any incidents that could give rise to a claim in the last five years		YES <input type="checkbox"/> NO <input type="checkbox"/> <i>if yes, please provide details below:</i>		
DATE	TYPE OF LOSS	PAID	O/S	ACTION TAKEN TO AVOID RECURRENCE
		£	£	
		£	£	
		£	£	
		£	£	
<b>Additional Notes / Comments</b>				
<b>For Multiple Property Enquiries - Please Complete The Following Page Per Property</b> Number of Properties <input style="width: 50px;" type="text"/>				

<b>Property Details</b>	
Risk Address	
Postcode	
Current / Intended Occupation	
Name of Tenant	
Is the Property Vacant?	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>if yes, Please complete a Vacant Property Questionnaire</i>
Age of Property	
No of Storeys	
Is the property listed?	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>if yes, GRADE</i> <input type="checkbox"/>
Construction: Walls	BRICK <input type="checkbox"/> STONE <input type="checkbox"/> OTHER <input type="checkbox"/>
Roof	SLATE/TILE <input type="checkbox"/> CONCRETE <input type="checkbox"/> OTHER <input type="checkbox"/>
Floor	WOOD <input type="checkbox"/> CONCRETE <input type="checkbox"/> OTHER <input type="checkbox"/>
Is any portion of the roof flat If Yes, What Percentage is Flat If Yes, Construction of Roof	YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="text"/> % TIMBER/ASPHALT <input type="checkbox"/> CONCRETE <input type="checkbox"/> OTHER <input type="checkbox"/>
Are there any adjoining premises	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes is there a complete firebreak wall between them and the insured premises	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Sums Insured</b>	
Buildings Declared Value	£ (we will add inflation provision)
Rent Sum Insured (per annum)	£ Indemnity Period
Contents Sum Insured	£
Property Owners Liability	£ (Limit of Indemnity)
Employers Liability Cover Required	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>if yes, please provide the following details</i>
Wage Roll	£
Number of Staff	
Nature of Staff	
<p>REGISTERED OFFICE 4-9 HIGHVIEW HIGH STREET BORDON HAMPSHIRE GU35 0AX  TELEPHONE 0845 345 2200 FACSIMILE 01420 488072 WEB SITE <a href="http://www.cadogankeelanwestall.com">www.cadogankeelanwestall.com</a>  Cadogan Keelan Westall is a trading name of Barbon Insurance Group Limited who are authorised and regulated by the Financial Services Authority</p>	