

COMMERCIAL INSURANCE
QUOTATION FORM

BROSNAN BOYLAN GOLDEN



INSURANCE BROKERS

Please Complete, Sign and return to your O'Leary contact as soon as possible

1. DETAILS

Contact Name: _____ Date: ____ / ____ / ____ (DD/MM/20YY)

Proposer: _____

Risk Address: _____

_____ Telephone Number: _____

Business Description: _____

_____ Renewal Date: ____ / ____ / ____

2. PROPERTY

Buildings: _____

Stock: _____

Machinery, Fixtures and Fittings: _____

Contents: _____

Tenants Improvements: _____

3. MONEY

On the insured premises during working hours: _____

In locked safe: _____

4. EMPLOYERS LIABILITY

Wage roll: _____

Directors: _____

Clerical / Administration: _____

All other Employees: _____

5. PUBLIC/PRODUCTS LIABILITY

Turnover: _____

Limit of Indemnity: _____

Work away Wages: _____

6. CONSEQUENTIAL LOSS

Gross Profit: _____

Indemnity Period: Months: _____

7. COMPUTER INSURANCE

Computer Equipment:

Hardware: _____

Laptops: _____



COMMERCIAL INSURANCE QUOTATION FORM

Please Complete, Sign and return to your O'Leary contact as soon as possible

8. GENERAL

How Long in Business: _____

5 Year Claims Experience: _____

Current Insurer: _____

Present Premium: _____

Renewal Date: ____/____/____

9. CONSTRUCTION

Construction

Roof: _____

Walls: _____

Floor: _____

Age of Building: _____

10. SECURITY

Security

Alarm: _____

Linked: _____

Other Occupancy: _____

Name: _____ Date: ____/____/____

11. DECLARATION

I/We declare the foregoing particulars to be correct according to my/our information and belief

Date: ____/____/____ Your signature: _____

12. OTHER COVERS

Do you require a quote for:

- | | | | |
|--------------------------------|--------------------------|-----------------------------|--------------------------|
| Directors and Office Liability | <input type="checkbox"/> | Credit Insurance | <input type="checkbox"/> |
| Employers Practice Liability | <input type="checkbox"/> | Marine and Goods in Transit | <input type="checkbox"/> |
| Corporate Legal Liability | <input type="checkbox"/> | Engineering | <input type="checkbox"/> |
| Pensions Trustees Liability | <input type="checkbox"/> | Motor | <input type="checkbox"/> |
| Professional Indemnity | <input type="checkbox"/> | Personal Accident | <input type="checkbox"/> |