



**Insurance Brokers**  
Managing Your Risk In Business

## Business Insurance Quote Sheet

### Client Details

**Business Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Home Fax:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Work Fax:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

### Current Insurance

**Insurer:** \_\_\_\_\_ **Premium:** \_\_\_\_\_

### Business Details

**Complete Description  
of Business & Activity:**

**Years in Business:** \_\_\_\_\_

**Situation of Risk:** \_\_\_\_\_

**Interested Party:** \_\_\_\_\_ **Year Built:** \_\_\_\_\_

**Wall Construction:** \_\_\_\_\_ **Roof Construction:** \_\_\_\_\_

**Floor Construction:** \_\_\_\_\_ **Residential Use:** \_\_\_\_\_

## Security

### Fire Protection:

Sprinklers     Hoses     Blankets     Extinguishers     Smoke Alarms

### Door Security:

Deadlocks     Padlocks     Bolts     Bars     Bollards

### Window Security:

Bars     Keylocks     Bollards

### Alarms:

Monitored     Local     CCTV     Monitored Cameras

Who has Access to the Building and/or other security information:

## Fire Section

### Building:

### Contents:

### Stock:

### Alcohol:

### Customer Goods:

### Tobacco:

### Other Information:

## Business Interruption

### Weekly Revenue:

### Annual Revenue:

### Critical Income:

### Indemnity Period:

### Reinstatement of Data:

### Other Information:

## Burglary

### Contents:

### Alcohol:

### Stock:

### Tobacco:

### Customer Goods:

### Other:

### Other Information:

## Money

### In Transit:

### Locked In Safe:

### On Premises during Business Hours:

### Blanket Cover:

### On Premises after Business Hours:

### At Private Residence:

### Other Information:

## Glass

### External Glass:

### Internal Glass:

### Largest Pane of Glass:

### Bollards?

### Other Information:

## Liability

Public Liability: \_\_\_\_\_

Product Liability: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Property in Physical & Legal Control: \_\_\_\_\_

Annual Turnover: \_\_\_\_\_

% of Turnover from Contractors: \_\_\_\_\_

Number of Contractors: \_\_\_\_\_

Wages Paid to Contractors: \_\_\_\_\_

Other Information:

## Transit

Annual Sendings: \_\_\_\_\_

Limit Any One Loss: \_\_\_\_\_

Gross Freight Earnings: \_\_\_\_\_

Location - to: \_\_\_\_\_

Location - From: \_\_\_\_\_

Items Being Sent:

Other Information:

## Machinery Breakdown

Limit Any One Loss: \_\_\_\_\_

Listed Items	Value

Other Information:

## Electronic Equipment

Limit Any One Loss: \_\_\_\_\_

Listed Items	Value

Other Information:

## Portable Property

Limit Any One Loss: \_\_\_\_\_

Listed Items	Value

Other Information:

Is there any further information you feel is relevant to this insurance application?

### Insurance History

NCB Rating: \_\_\_\_\_

Years NCB Held: \_\_\_\_\_

During the last 5 years have you had any:

- |   |  |
|---|--|
| <input type="checkbox"/> Application for Insurance Rejected?      | <input type="checkbox"/> Policy cancelled by an Insurance Company? |
| <input type="checkbox"/> Special Conditions set for your policy?  | <input type="checkbox"/> Renewal of Insurance Policy not offered?  |
| <input type="checkbox"/> Increased Excess imposed on your policy? | <input type="checkbox"/> Charge or conviction?                     |

Reason for Claim	Date of Claim	Cost of Claim

I hereby consent for my personal information to be shared within the HFI Group of Companies

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please fax to 07 5537 3833 or email this form to your insurance Specialist. If you have any questions please contact us on the details below.**



**HFI Group of Companies**

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