

COMMERCIAL BUILDINGS QUOTATION FORM



Proposed Policyholder(s)

Please confirm the name(s) of the insured person(s) who will be named in the policy	Name(s) of the insured person(s)	<div></div>
	Start date of policy	<div></div>

Property Details

Address of property to be insured	<div></div> <div></div> <div></div> Postcode <div></div>
Year of construction of the property	<div></div>
Year of conversion - if applicable	<div></div>
Type of property	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial
No. of storeys	<div></div>
No. of units/flats	<div></div>
Main tenant	<div></div>
If the premises are commercial, please confirm occupation/trade	<div></div>
Are the premises occupied	<input type="checkbox"/> YES <input type="checkbox"/> NO

If the property is unoccupied, please complete the following:

How long has the property been vacant	<div></div>
When will the property be re-let and what is the intended future use	<div></div>
What security is there on site	<input type="checkbox"/> Alarm <input type="checkbox"/> CCTV <input type="checkbox"/> Sitex Orbis <input type="checkbox"/> Perimeter Fencing
How often is the property inspected	<div></div>
Have the facilities been turned off (water, gas etc.)	<div></div>
Have the windows & doors been boarded	<div></div>
Survey contact details	<div></div>

Construction details of the property

Floors	<input type="checkbox"/> Concrete	<input type="checkbox"/> Timber	<input type="checkbox"/> Steel
	<input type="checkbox"/> Other - please indicate		
Roof	<input type="checkbox"/> Concrete	<input type="checkbox"/> Pitched tile	<input type="checkbox"/> Flat felt
	<input type="checkbox"/> Other - please indicate		
Wall/Frame	<input type="checkbox"/> Brick/block cavity	<input type="checkbox"/> Solid block or concrete	
	<input type="checkbox"/> Concrete frame	<input type="checkbox"/> Steel frame	<input type="checkbox"/> Timber frame
	<input type="checkbox"/> Other - please indicate		
Percentage of flat roof			
Are the communal areas sprinklered	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
Additional construction details			

Details of cover required

Building reinstatement value	£
Contents of communal areas	£
Service Charge	£
Indemnity period	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60
Loss of rent (annual)	£
Indemnity period	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input checked="" type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60
Is terrorism insurance required?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Insurance/Claims

To your knowledge has the property ever suffered from flood, subsidence, heave or landslip	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide details	
Are there any trees within ten metres of the property	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide details	
Please provide details of any claims or losses which have affected the property during the last 5 years	
Name of the existing or previous insurer if known	
Please confirm building insurance premium paid last year exc. IPT	£
Interest to be noted on the policy	

Insurance Disclosure

Please note that it is your duty to disclose any information that might influence the insurers/reinsurers in fixing the premium or determine whether to accept the risk. Please provide as much information as possible. If the information is unknown then please state unknown.

Other Information

Date: / /

Name (Print in BLOCK CAPITALS)





Real Estate & Construction

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