

RIGTON INSURANCE SERVICES LIMITED

Request for Model Manufacture/Retail Insurance Quotation

Phone: (01943) 879539**Fax : (01943) 875529****COMPANY NAME:****ADDRESS:****CONTACT NAME:****POSITION:****TELEPHONE:****FAX:****E-MAIL:****WEBSITE:****ESTABLISHED:****RENEWAL DATE:****BUSINESS DESCRIPTION**

(Please also describe any Manufacturing processes undertaken)

PREMISES

Do you work from:	Home?	Yes / No
	Shop?	Yes / No
	Factory?	Yes / No
	Workshop?	Yes / No
	Warehouse or Store?	Yes / No

Construction:	Brick/Stone construction with Slate/Tile roofing? (If No, please advise full details of construction)	Yes / No
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Protections:	Physical: 5LMD to ALL external doors	Yes / No
	Ram Raid Protection	Yes / No

Window:	Window locks on all windows	Yes / No
	Grilles or Shutters	Yes / No

Alarm:	Nacoss Registered	Yes / No
	Signalling: Bells	Yes / No
	Communicator	Yes / No
	Central Station	Yes / No
	Redcare	Yes / No

SUMS INSURED

Buildings:	£	
Loss of Rent	£	
Tenants Improvements	£	
Fixtures and Fittings	£	
Stock	£	
Computers	£	
Household Contents	£	
Annual Gross Profit	£	(____ months indemnity period)

STOCK

Please split the above Stock figure between the following categories.

Model Railway	£
Die-cast Vehicles	£
Remote Control Vehicles	£
Plastic Models	£
Electronic Hobbies	£
Collectable Toys	£
War Games	£
Military Models	£
Soft Toys	£
Other: _____	£

FINANCIAL INFORMATION

Annual Turnover	£	Annual Wageroll	£
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LIMITS

Money:	Transit Limit	£	Safe Limit	£
Transit:	Vehicle Limit	£	No. of vehicles:	

How are vehicles protected?

Details of alarms:

Liability:	Employers Liability (£10m)	Yes / No
	Public / Products Liability (£2m)	Yes / No

OCCUPANCY

Are the premises occupied overnight?	Yes / No
If Yes, by: Owner/Employee	Yes / No
Tenants	Yes / No

EXHIBITIONS

Please advise number of exhibitions attended per year
Maximum Value on products on display: £

EXPORTS

Please advise Countries exported to, showing

Market Turnover Nature of Products

CLAIMS

Please list all Property and Liability claims in the last 5 years

	Date	Paid(£)	Outstanding(£)	Circumstances
1.				
2.				
3.				
4.				

Please state any measures/action taken to prevent a reoccurrence of the loss

OTHER INFORMATION

**Name of
CURRENT BROKERS:**

**Name of
CURRENT INSURERS:**

PREMIUM: Last Year £ This Year £

RENEWAL DATE:

PROBLEMS

Are there any Cover or Service issues where your existing arrangements do not meet your requirements? **Yes / No**

If yes, please give details in full so we can address these issues.

PACKAGE DISCOUNTS

Savings may be available if we can include other classes of risk.

Could you include:	Annual Travel	Yes / No
	Private Car(s)	Yes / No
	Commercial Vehicles	Yes / No
	Household Contents	Yes / No
	Legal Expenses	Yes / No

Signature_____

Date_____