



RESTAURANT QUOTATION SHEET

PROPOSERS NAME: _____

RISK ADDRESS: _____

BUSINESS DESCRIPTION _____

<u>PREMISES - ARE THEY:</u>	YES	NO
1. Built of brick, stone, concrete and roofed with slates, tiles, concrete or asphalt?	<input type="checkbox"/>	<input type="checkbox"/>
2. Heated by electricity and/or natural gas or central heating system?	<input type="checkbox"/>	<input type="checkbox"/>
3. Solely occupied by you in connection with the business described above?	<input type="checkbox"/>	<input type="checkbox"/>
4. Protected by an intruder alarm conforming to IS199 standard	<input type="checkbox"/>	<input type="checkbox"/>
5. Fitted with external metal shutters, bars or grilles (Please give detail)	<input type="checkbox"/>	<input type="checkbox"/>
6. Accessible windows fitted with key operated locks or locking devices?	<input type="checkbox"/>	<input type="checkbox"/>
7. External doors fitted with 5 lever mortice deadlocks? If not give details.	<input type="checkbox"/>	<input type="checkbox"/>

Age of Premises: _____ Business of the Adjoining Premises: _____

No. of Years Trading: _____ No. of Years Experience Elsewhere: _____

If you have ticked any 'No' boxes please give further details: _____

SUMS INSURED – Please state sum required opposite each item.

1. Building, incl. outbuildings (re-building costs + fees & debris removal etc). or Tenants Improvements	€
2. Furniture, fixtures, fittings, equipment and trade contents	€
3. Stock in trade and goods in trust (excluding wines/spirits/cigarettes/tobacco)	€
4. Stock of wines/spirits/cigarettes/tobacco	€
5. Trading profit (Indemnity Period Required <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> Other	€
6. Please state your estimated total annual turnover	€1
7. Please state your estimated total annual wage roll –	
All Others (describe)	€

8. Please state number of employees ☐ Full time ☐ Part time
GENERAL QUESTIONS **YES** **NO**

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|--|--------------------------|--------------------------|
| 1. Has the proposer or any partner or director of the proposer ever been convicted of, or charged but not yet tried, with a criminal offence other than a motoring offence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the proposer or any partner or director of the proposer suffered any losses, whether insured or not during the last 5 years? Please give details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any insurer in respect of the proposer or any partner or director of the proposer ever declined a proposal, refused renewal, terminated insurance or imposed special terms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Hours of business and seating capacity if any? _____ | No. of Seats: _____ | |
| 5. Name of existing broker and insurer: _____ | | |
| 6. Current Renewal Date and Renewal Premium: _____ | | |



Padraic Smith & Co
Insurance Brokers

