

# Quote Request Form

## 1. Broker

Broker:	<input type="text"/>
Broker contact:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>
Postal address:	<input type="text"/>
Post code:	<input type="text"/>
Target Premium (new business):	\$ <input type="text"/>
Target Premium (renewal business):	\$ <input type="text"/>
Existing Underwriter:	<input type="text"/>

## 2. Applicant

Name of applicant:	<input type="text"/>
Main address:	<input type="text"/>
Post code:	<input type="text"/>
Occupation:	<input type="text"/>
Current turnover:	\$ <input type="text"/>
Estimated turnover for next 12 mths:	\$ <input type="text"/>
Total value of work equipment excluding laptop, mobiles and portable equipment: [Exclude items above \$2,500]	\$ <input type="text"/>
Value of electronic equipment: [Exclude items above \$2,500]	\$ <input type="text"/>
General property items above \$2,500. Please specify:	<input style="width: 100%; height: 100%;" type="text"/>

**Please tick the insurance covers your client requires:**

- |  |  |
|--|--|
| <input type="checkbox"/> General Liability - <input type="checkbox"/> \$5m <input type="checkbox"/> \$10m <input type="checkbox"/> \$20m limit | <input type="checkbox"/> Money                       |
| <input type="checkbox"/> General Property including Canine Extension   | <input type="checkbox"/> Machinery                   |
| <input type="checkbox"/> Fire & Other Defined Events   | <input type="checkbox"/> Electronic Equipment        |
| <input type="checkbox"/> Business Interruption   | <input type="checkbox"/> Fraud or Dishonesty         |
| <input type="checkbox"/> Burglary  | <input type="checkbox"/> Commercial Motor            |
| <input type="checkbox"/> Glass   | <input type="checkbox"/> Personal Accident & Illness |
| <input type="checkbox"/> Goods in Transit  |  |