

# Surgery Quotation Form

Name:	Date Quoted:
Contact Number:	Renewal Date:
Occupation:	Brief Description / Date of Occurrence / Value of Claim
Affiliation/LMC:	Claims? 1)
Current Provider:	2)
Site Name:	3)
Address:	4)
Target Premium:	
<b>BUILDING DETAILS</b>	
Building Sum Insured:	
Building Type:	
Shared Building:	Yes/No
Security – Type of Alarm:	
Standard Construction?	Yes/No
	Police Response?
<b>CONTENTS DETAILS</b>	
Contents Sum Insured:	
Interested Parties:	Computers:
Dispensing?	Drugs & Vaccines:
	Dispensary Security:
<b>BUSINESS INTERUPTION</b>	
Annual Turnover (Gross):	
Indemnity Period:	12/24 months
<b>COMMERCIAL LEGAL COVER</b>	
Employers Liability:	£10,000,00
Public & Product Liability:	£2m / £5m
Legal Cover:	