

Office Insurance for Architects

ArchisURE Proposal Form – Quotation Only

1. General Information

a) Proposers Name:			
b) Trading Title (including Ltd company name if applicable):			
c) Postal Address:			Postcode:
Telephone Number:		Fax Number:	
Email Address:			
d) Business Address:			Postcode:
Telephone Number:		Fax Number:	
Email Address:		Website Address:	
e) Full Trade Description / Business Activities:			
f) Do you undertake activities away from business address? – if yes please provide full details:			YES / NO
g) Date Business first established:			

2. Premises Information

a) Description (age, construction, no of storeys, self contained suite, home office etc):			
b) Are the premises protected by an Intruder Alarm System?			YES / NO
c) Is the alarm subject to a maintenance contract with an NSI approved company?			YES / NO
d) What is the signal method? (delete as appropriate)	Remote to Central Station / Redcare / Bells Only / Other (please state)		
e) Are the premises self contained with security measures under your sole control?			YES / NO
f) Other Security:	Concierge facilities / Security Guards / Controlled Site Access		

3. Standard Cover

Sums Insured

a) Office fixtures, fittings, furniture and all other office contents:	
b) Office equipment including computers (hardware/software), electronic & photographic equipment:	
c) Tenants improvements / Decorations:	
d) Stock:	
e) Personal effects:	
f) Buildings:	
g) Equipment used away from business premises - Territorial Limit required (UK / Europe / Worldwide): (delete as appropriate)	

4. Additional Covers / Extensions

a) Subsidence:	YES / NO
b) Business Interruption:	YES / NO
Loss of Gross Fees - Sum Insured required:	£
Additional Increased Cost of Working - Sum Insured required:	£
c) Book Debts:	YES / NO
d) Terrorism:	YES / NO

5. Additional Information

Please provide any additional supporting information below including:-

a) Details of previous losses or claims presented by third parties in respect of any of the covers proposed under this quotation:

b) Details of any special terms imposed or cancellation / declinature by any insurer:

c) Details of any conviction, bankruptcy or previous insolvency:

6. Note

The completion of this questionnaire should not be considered to form any obligation on the part of Sterling Insurance Company Limited or Courtprice Limited to provide quotation terms.

Signature:

Date: