

SHORT TERM QUESTIONNAIRE

Short Term Insurance - Commercial Insurance

Please complete this form and email or fax it back to us. We will contact you to obtain further information in order to be able to provide you with a quote.

NAME OF CLIENT:

DATE OF BIRTH

CONTACT:

E:

Tel:

Indicate the size of cover that you need:

<u>PERSONAL:</u>	<u>COVER REQUIRED</u>	<u>COVER AMOUNT</u>
Fire	Yes / No	R
Buildings	Yes / No	R
Office Content	Yes / No	R
Business Interruption	Yes / No	R
Accounts Receivable	Yes / No	R
Theft	Yes / No	R
Money	Yes / No	R
Glass	Yes / No	R
Fidelity	Yes / No	R
Goods in transit	Yes / No	R
Items all risk	Yes / No	R
Accidental damages	Yes / No	R
Public Liability	Yes / No	R
Employers Liability	Yes / No	R
Indicated benefits	Yes / No	R
Group personal injury	Yes / No	R
Motor	Yes / No	R
Extras motor	Yes / No	R
External risk	Yes / No	R

Internal risk	Yes / No	R
Home owners	Yes / No	R
Machinery	Yes / No	R
Electronic equipment	Yes / No	R
Business interruption	Yes / No	R
Deterioration of stock	Yes / No	R
		Total

IMPORTANT NOTICE: The value placed on insured items, are values placed on it by you, the client. I, the broker, am not a valuer. Any values which I mention are estimated values based on my experience and could only be seen as an opinion and not a proper valuation. Where values for cars are quoted, it is values as looked up in the Auto Dealer's Digest, and only serves as a guideline. Make sure that you take into account the value of all accessories to/in the car. The responsibility still lies with you to ensure that the correct values are placed on the insured items, and I accept no responsibility in this regard.

CLIENT SIGNATURE:

DATE:

CAPE INVESTMENT ADVISORS