

Inquiry for business insurance

Company

Name:

C.I.F.-No.:

Contact person:

Company address:

Postal code:

City:

Street:

Telephone:

Fax:

Mailing address (if different):

Postal Code:

City:

Street:

Company information:

Description type of business:
.....

Annual turnover:

Number of employees:

Further information about the building:

Year of construction:

Last restoration of water supply:

Sprinkler system installed: Yes No

Rental object Own property

Previous damages in the last 5 years at this property (no declarations will be noted as no previous damages)

Year	Nature of damage	Costs in €

Building insurance (incl. annexes und outdoor areas), Costs to reconstruct the building:€

Technical inventory:€

Goods and supplies:€

Advertising signage:€

Outdoor objects:.....€

Business interruption (usually fixed expenses / turnover minus cost of materials):€

Business liability:

Desired Yes No

Claims of care: Yes No

Claims of rent: Yes No

Claims of loading & unloading: Yes No

Inquiry for business insurance

Page 2

Wertsachen:

For coverage of the below declared valuables all items included in the household insurance have to be listed. Notice: Valuables and cash are only insured when listed here.

Object of value	Worth in €
Jewellery (Watches, jewels, pearls, gold or platinum objects)	
Cash in safe	
Cash in register	
Elsewhere secured cash	
Certificates, bank books, value papers	
Other special valuables	

Objektsicherung

Alarm system installed?

No Yes, with direct notification of: Security service Police

Safe installed? No Yes, Weight:.....kg, Security level.....

Other security installations (z.B. Grating, Wood shutters, lockable windows, etc.):

.....
.....
.....

Constant supervision (e.g. security service, neighbours)?

No Yes If yes, how often and through whom?

Security glass? No Yes

Own contribution

You can decide on a contribution amount. This leads to corresponding discounts.

Desired contribution amount?..... €

Signature

Date

Please send back to:

Special remarks:

Anja Hingott
Insurance Agent
Avda. Gabriel Roca 1, Local 11
07157 Puerto D'Andratx
TEL. 971 67 39 78 • FAX: 971 57 51 61