



Puma Insurance Brokers Pty Ltd

More Than Just Insure

**COMMERCIAL QUOTE INFORMATION**

The Insured and all associated companies: .....

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.....

Company Registration No.: ..... VAT No......

How long established: .....

Contact Person & ID No.: .....

Decision Maker: .....

No. of Staff: .....

Turnover (VAT Inclusive): .....

Financial Year End: .....

Salary: R..... Wages:.....

Telephone Number:..... Cell No..... Fax:.....

E-Mail Address: .....

Postal Address: .....

Risk Address: .....

.....

Full description of Business: .....

.....

.....

.....

Renewal Date: .....

Existing Insurer: .....

Past 3 years Claims experience: .....

.....

**DECLARATION**

To the best of my knowledge and belief the information provided in this document, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle the Insurers to void the insurance and thereby repudiate any claim. If you are in any doubt as to whether a fact is material or not please disclose it.

**CLIENT'S SIGNATURE:** \_\_\_\_\_ **DATED:** \_\_\_\_\_

## SUM INSURED

### **FIRE**

Buildings	R
- Day One Value	R
Stock (market value at time of loss)	R
Other Contents	R

### **BUILDINGS COMBINED** (Body Corporate Yes/No, if so obtain part quota)

Buildings	
- Day One Value	R
- Policy Year - %	R
- 2 <sup>ND</sup> Year - %	R
- 3 <sup>RD</sup> Year - %	R
Public Liability	R
Accidental Damage	R

### **OFFICE CONTENTS**

All office contents (including PABX)	R
Documents	R
Liability for documents	R
Protections	-----

### **BUSINESS INTERRUPTION**

Gross Profits / Revenue	R
Turnover	R
Gross Rentals	R
Additional Increase in Cost of Working	R
Fines & Penalties	R
Additional Claims Preparation Costs	R

Indemnity Period: .....months

### **ACCOUNTS RECEIVABLE**

Outstanding debit balances	R
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### **THEFT**

First Loss	R
First Loss on Motor Vehicles	R
Damage caused by thieves	R

### **MONEY**

Major limit	R
Seasonal Increase (Specify)	R
Collectors / attendants / reps (No:.....)	R

### **GLASS**

Internal / External glass & mirror glass (including signwriting)	R
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### **FIDELITY GUARANTEE**

All Employees (No:.....)	R
Claims preparation costs	R

### **GOODS IN TRANSIT**

Goods consigned by or to the insured, By road, rail, air or post	R
Transit turnover	R

**BUSINESS ALL RISKS**

-----	R
-----	R
-----	R
-----	R
-----	R
-----	R
-----	R
-----	R

**ACCIDENTAL DAMAGE**

Total value (see Fire/Office Section) R (First Loss)

**PUBLIC LIABILITY**

General / Tenants / Property Owners	R
Products Liability	R
Defective Workmanship	R
Workshop Turnover	R
Legal Defence Costs	R
Wrongful arrest & Defamation	R
EC Liability	R

**EMPLOYEE LIABILITY**

All employees R

**STATED BENEFITS**

<u>Persons/Group Insured &amp; Occupations</u>	<u>Annual Earnings</u>
1.	R
2.	R
3.	R
4.	R
Death / PTD	.....years
TTD	..... % for.....weeks
Medical Expenses	R

**GROUP PERSONAL ACCIDENT**

<u>Person Insured &amp; Occupations:</u>	<u>Limits of Compensation</u>
1.	
2.	
3.	
4.	
Death / PTD	R
TTD (per week, for .....weeks)	R
Medical Expenses	R

**ELECTRONIC EQUIPMENT** NB: Check items over seven years of age!

Computer Equipment & Accessories excluding laptops	R
Other Equipment (specify).....	R
.....	R
Portable computers – laptops, notebooks, etc. (transit included)	R
Software	R
Reinstatement of data	R
Increased cost of working	R

**MOTOR**

<u>Year</u>	<u>Make / Model</u>
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....
6. ....	.....
7. ....	.....
8. ....	.....
9. ....	.....
10. ....	.....
11. ....	.....
12. ....	.....
13. ....	.....
14. ....	.....
15. ....	.....