

# **SURGERY INSURANCE PROPOSAL**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Insured Values:**

Buildings:	£	
Tenants improvements	£	
Contents	£	
Computers	£	
Lap Tops:	£	
Refrigerated Drugs & Vaccines:	£	
Gross fees or income/Add'l cost of working	£	Indemnity period

Age of property  
Construction details

Listed building  
Length of time in business  
Intruder alarm – Bells Only/Police Response/Nacoss

Fire alarm  
CCTV  
Other security -roller shutters/grilles/manned reception/computer lockdown plates

Occupancy/single tenure/live on premises/occupied 24/7

**Claims:** (Please provide full details of all incidents in the last 5 years)

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Renewal Date: \_\_\_\_\_ Current Insurers: \_\_\_\_\_

Current Premium: \_\_\_\_\_

**Optional Covers (Please tick if a quote is required):**

Terrorism  
Employee Dishonesty  
Pressure vessels – no. of autoclaves/compressors  
Prescription collection/delivery service  
Practice Overheads/Locum