



Practice Insurance Enquiry Form

Practice Name: _____ Contact Name: _____

Practice Address: _____

Post Code: _____ Email Address: _____

Tel Number: _____ Fax Number: _____

Date Established: _____ Renewal Date: _____

Current Insurer: _____ Renewal Premium: _____

For each premises please confirm the following:

Are the premises you occupy of standard construction, i.e. brick and tile? Yes or No _____

Are there any sections of flat roof? *If so what percentage of the overall roof applies?* Yes or No _____ %

Are the premises occupied solely by you? Yes or No _____

Are the premises listed or graded? If so, at what level? Yes or No _____

Do the premises include:

- 5 lever mortice deadlocks to all exit doors? Yes or No _____
- Key operated locks to all opening windows? Yes or No _____
- An operative alarm system? Yes or No _____
- If yes, is it Bells Only or Externally Monitored? _____

Have you had any claims within the past five years? If so please provide details including dates and amounts:

Sums Insured:	Main Premises	Branch 1	Branch 2
Buildings OR Tenants Improvements	_____	_____	_____
General Contents <i>inc</i> drugs/stock	_____	_____	_____
Refrigerated Stock (<i>standard cover £5,000 per location</i>)	_____	_____	_____
Domestic Contents (<i>owned by the practice</i>)	_____	_____	_____
Computers (<i>standard cover £15,000 per location</i>)	_____	_____	_____
Number of Vets (FTE)	_____	_____	_____
Number of Other Employees (FTE)	_____	_____	_____
Are you Small Animal only/Large Animal Only/ Mixed	_____	_____	_____
If Mixed please advise the percentage of large animal	_____	_____	_____

Please save & email form to enquiries@ppsgi.co.uk or fax to 01527 962567



Practice Insurance Enquiry – Additional Information

Please return to: enquiries@ppsgi.co.uk or fax back to 01527 962567