

Commercial Insurance Quotation Form



Name /Nombre _____ DNI/NIE : _____ Tel. Nº : _____

Address/Dirección : _____ Post Code : _____

E-mail/Correo Electronico : _____

Business Name : CIF : Tel. Nº :

Business Type : Bar/Restaurant : Administration Office : Shop/Supermarket : Other :

Year Built : _____ Year Refurbished : _____ Size (sq m) : _____
Size of Terraces /out buildings/ sep. Garage : _____

Type of construction : Normal Bricks & Mortar Part Wood No of Levels : 1 2 3 4+

Ownership of property : Owned : Rented : No. of Employees :

Days Closed during the year : < 30 More (specify) :

Consecutive Days empty : <30 31-180 180+

Value of Contents (Furniture, Equipment/Machinery) : (provide details below)

Security Issues :

Solid metal front door Solid Wooden or glass door Multi-lever locks
Bars on windows and access points Shutters on windows and access points
Alarm - connected to central system Alarm, not connected to central system
Security Glass
Safe (must be built-in and have a key & combination for access) or 2 or each

Other Policy Nº with Liberty : _____

Other Options Available :

Increased Public Liability : 450k 600k

Specified items i.e. > 2K) : _____

NOTES :

Tel . 922-735-672



Tenerife Insurance Services S.L.

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