

# 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 Generali : \_\_\_\_\_

## Other Options Available :

Increased Public Liability : 450k  600k  1 Million   
Specified items i.e. > 2K) : \_\_\_\_\_

## NOTES :

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Tel . 922-735-672



Tenerife Insurance Services S.L.

Calle Clara Toledo Gomez, Local s/n, 38639 Las Chafiras

Mob. 661-908-980

DGS Reg. C0467B38406104