

Intelligent Solutions

Commercial Insurance Enquiry Form

Please send the completed form to
Christie Insurance, 11-21 Paul Street, London EC2A 4JU

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Personal contact details

Title (please tick as appropriate)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>
First name				
Last name				
Address				
Town or city				
Postcode				
Telephone				
Mobile phone				
E-mail address				

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Business contact details - (if different from above)

Full trading name of business				
Address				
Town or city				
Postcode				
Country				

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How did you hear about Christie Insurance?

	Previously insured with us <input type="checkbox"/>	Currently insured with us <input type="checkbox"/>	Referral from Christie Finance <input type="checkbox"/>	Referral from Christie + Co <input type="checkbox"/>
	Other Recommendation <input type="checkbox"/>	Advertising (please specify publication) <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>	



Enquiry details

Type of business	Shop/retail premises <input type="checkbox"/>	Hotel/guest house <input type="checkbox"/>	Public house/restaurant <input type="checkbox"/>
	Nightclub/bar/late licence <input type="checkbox"/>	Care - elderly <input type="checkbox"/>	Care - Learning difficulties <input type="checkbox"/>
	Care - mental disorders <input type="checkbox"/>	Care - children <input type="checkbox"/>	Care - other <input type="checkbox"/>
	Other (please specify) <input type="checkbox"/>		
Building re-instatement sum insured	£		
Construction	Standard - brick/tile <input type="checkbox"/>	Non-standard <input type="checkbox"/>	
Contents sum insured	£		
Annual turnover	£		
Annual wage roll	£		
Details of any claims in the last three years			
Name of existing insurer and expiring premium paid	£		
Renewal date			
Any other information			