

QBE Business Insurance Solution – Quote Form

Business Details	
Agent Account Name:	
Agent Contact Number:	
Insured:	
Location:	
Description of Business	
Risk Location(s)	
Claims History in last 3 years	
Period of Insurance	
Insurance History?	<input type="checkbox"/> Insurance Declined? <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Insolvency? <input type="checkbox"/> Criminal Offence?
Interested Parties?	

Property All Risks																					
Construction Type (Class 1/2/3)																					
Building Age																					
Security System on Site*	<input type="checkbox"/> Alarm linked to CMS/GSM <input type="checkbox"/> Other Alarm <input type="checkbox"/> No Alarm <input type="checkbox"/> Other?																				
Fire Protection (Class 1/2/3)																					
Fire Protection Services	<input type="checkbox"/> Building Supplementary Water Supply <input type="checkbox"/> Private Fire Brigade <input type="checkbox"/> Fire Hydrants on Site <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Hose Reels <input type="checkbox"/> Sprinkler Installed <input type="checkbox"/> Public Water Hydrants <100m <input type="checkbox"/> Public Water Hydrants >100m																				
Sums Insured & Sub Limits	<table border="1"> <tbody> <tr> <td>Building</td> <td>\$</td> <td>Contents</td> <td>\$</td> </tr> <tr> <td>Machinery & Plant</td> <td>\$</td> <td>Stock</td> <td>\$</td> </tr> <tr> <td>Removal of Debris</td> <td>\$</td> <td>Architects Fees</td> <td>\$</td> </tr> <tr> <td>Capital Additions</td> <td>\$</td> <td>Escalation Clause</td> <td>\$</td> </tr> <tr> <td>Full Theft</td> <td>\$</td> <td>Others?</td> <td>\$</td> </tr> </tbody> </table>	Building	\$	Contents	\$	Machinery & Plant	\$	Stock	\$	Removal of Debris	\$	Architects Fees	\$	Capital Additions	\$	Escalation Clause	\$	Full Theft	\$	Others?	\$
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Full Theft	\$	Others?	\$																		
Excess																					
Floating locations?																					

Business Interruption									
Basis of Cover	<input type="checkbox"/> Increased Cost of Working (ICOW) <input type="checkbox"/> Gross Profit (GP) <input type="checkbox"/> Weekly Benefits (WB) <input type="checkbox"/> Gross Revenue (GR)								
Indemnity Period	(Months/Weeks)								
Excess (days)									
12 Month Value (GP, GR) or ICOW/WB value:									
Sum Insured:	<table border="1"> <tbody> <tr> <td>Overall Sum Insured</td> <td>\$</td> </tr> <tr> <td>Additional Increased Costs</td> <td>\$</td> </tr> <tr> <td>Claims Preparation Costs</td> <td>\$</td> </tr> <tr> <td>Leeway</td> <td>\$</td> </tr> </tbody> </table>	Overall Sum Insured	\$	Additional Increased Costs	\$	Claims Preparation Costs	\$	Leeway	\$
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Leeway	\$								
Suppliers / Customers Premises cover?	<input type="checkbox"/> No <input type="checkbox"/> Yes – (Details)								

Liability			
Coverage Required	<input type="checkbox"/> Public	<input type="checkbox"/> Products	<input type="checkbox"/> Broadform (Public & Products)
Est Annual Turnover	\$		
Sums Insured Limits	Limit of Liability	\$	Care Custody & Control \$
Types of Products:			
Excess			
Territorial Limit	<input type="checkbox"/> Anywhere in Singapore <input type="checkbox"/> Worldwide excluding USA/Canada <input type="checkbox"/> Worldwide including USA/Canada		
Products Exported to USA/Canada?	<input type="checkbox"/> No <input type="checkbox"/> Yes – (Details of products and destination)		

Work Injury Compensation (WIC)			
Category*	Description of Workers:	Staff Count:	Annual Earnings
- Sedentary/Admin/Management			\$
- Supervisory			\$
- Light Duties			\$
- Others			\$
Increment to Common Law Limit?	Increase to \$		
Travelling on Two-wheeler?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Increase Medical Expense Limit to \$50k?	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Miscellaneous Property			
Sums Insured <i>(Note: individual items will need to be specified)</i>	Type of Item:	Sum Insured:	Basis of Settlement:
	Office Equipment	\$	<input type="checkbox"/> Replacement <input type="checkbox"/> Indemnity
	Portable Electronic Equipment	\$	<input type="checkbox"/> Replacement <input type="checkbox"/> Indemnity
	Machinery & Equipment	\$	<input type="checkbox"/> Replacement <input type="checkbox"/> Indemnity
	Musical / Sports Equipment	\$	<input type="checkbox"/> Replacement <input type="checkbox"/> Indemnity
	Art/Antiques/Valuables	\$	<input type="checkbox"/> Replacement <input type="checkbox"/> Indemnity
Territory*	<input type="checkbox"/> Within premises <input type="checkbox"/> Anywhere in Singapore <input type="checkbox"/> Worldwide		
Excess			

Money		
Sums Insured	Money in Transit	\$
	Estimated Annual Carryings	\$
	On Premises During Business Hrs	\$
	On Premises Outside Business Hrs	\$
	In Locked Safe	\$
	In Residence	\$
	Onboard vessels in Singapore waters	\$
	With Professional Couriers	\$
	In unattended vehicles	\$
Increase Limit for Peak Season	<input type="checkbox"/> No <input type="checkbox"/> Yes 2 times of limit <input type="checkbox"/> Yes 3 times of limit	

Machinery Breakdown & Electronic Equipment		
Machinery Breakdown Items Sums Insured	Machinery Breakdown Total	\$
	Deterioration of Stock	\$
Machinery Breakdown Excesses	Machinery Breakdown Excess	\$
	Deterioration of Stock Excess (Time)	\$
	Deterioration of Stock Excess (Amount)	\$
Electronic Equipment Items Sums Insured	Electronic Equipment Total	\$
	Electronic Data & Data Media	\$
	Increased Cost of Working	\$
	Indemnity Period Excess	(Months)
		\$
Number of floating items per cover section?	___x Machinery Breakdown Total ___x Deterioration of Stock ___x Electronic Data Equipment ___x Increased Cost of Working ___x Loss of Data Media	
Optional Items:	<input type="checkbox"/> Full Theft Insurance <input type="checkbox"/> Denial of Access <input type="checkbox"/> Failure of Public Utilities	

Group Personal Accident		
Type of Cover*	<input type="checkbox"/> By Category or <input type="checkbox"/> By Insured Person (up to 5 people)	
Employee Count / Occupation Class(1/2/3)		
Insured Person Details	Names: 1. 2. 3. 4. 5.	Total Category Limit: Death & PD \$ Temporary Total Disablement \$ Medical Expenses: \$
Aggregate Limit	<input type="checkbox"/> \$10m <input type="checkbox"/> \$20m	

Fidelity Guarantee	
Limit of Indemnity any one period:	\$
Excess	\$
Discovery Period Increase	<input type="checkbox"/> 18months <input type="checkbox"/> 24months
Number of Insured Employees:	

Inland Transit	
Cover Type	<input type="checkbox"/> All Risk <input type="checkbox"/> Specified Perils
Description of the typical types of goods.	<input type="checkbox"/> New <input type="checkbox"/> Used
Transit Sum Insured	\$
Annual Value of Sendings	\$
Excess	\$
Transit within Singapore and West Malaysia?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Other Notes / Information	
Date:	/ /