



Surgery Insurance Quote Form

Please complete all sections below to obtain a quotation and return by:
Fax on (01935) 422120 or post to Dental Insurance Agency, Park House, 45 The Park, Yeovil, Somerset, BA20 1DF or email your form or requirements to enquiries@m-i-c.co.uk

Contact Details

Name:		
Practice Address:		Post Code:
Branch Address:		Post Code:
Business Type:		
Contact Tel No:	Fax No:	Email:

Details Of The Property	Main Surgery	Branch Surgery
Is it a purpose built surgery?	Yes/No	Yes/No
Is the property of standard construction? i.e stone/brick/tile/slate If No detail below.	Yes/No	Yes/No
Five lever mortice dead locks on all external doors and key operated window locks on accessible windows? If No detail below	Yes/No	Yes/No
Is the building free of any history or sign of Flood and subsidence?	Yes/No	Yes/No
Does the property have any flat roof and if so approx percentage?	Yes/No	Yes/No
What is the approximate age of the building and is it listed?	Yrs	Yrs
Do you have a NACOSS/SSAIB alarm? Type.	Bells /Monitored/RedCare	Bells/Monitored/RedCare
Do you have a maintenance contract?	Yes/No	Yes/No
Sums Insured	Main Surgery	Branch Surgery
Buildings (with/without subsidence)	£	£
Contents (excl. computers & drugs)	£	£
Computer/Video equipment	£	£
Drugs (refrigerated/non-refrigerated)	£ /£	£ /£
Business Interruption	£	£
Estimated Annual Gross Income	£	£
Are Practice Legal Expenses required?	Yes/No	Yes/No
Is Terrorism Cover required?	Yes/No	Yes/No
Has a claim been made within the past 5 years? If Yes detail below	Yes/No	Yes/No
Renewal Date(s):	Current insurer:	Current premium: £

If required by any of the questions above use this box to provide details