

MEDISURE COMMERCIAL INSURANCE PACKAGE

Contact Name:

Business Name and Trading Names:

Occupation:

Any other interested parties? Please list:

Telephone:

Fax:

Email:

Address where business is situated:

Replacement value of your contents including fixtures, fittings and stock \$ _____

If insurance is required for the following, please provide values:

1. Building value \$ _____
2. Loss of Income (Business Interruption / Consequential Loss)
 - Estimated annual gross income \$ _____
 - If applicable, rents receivable \$ _____

If you have had any insurance claims for your business or know of any matter that may be relevant in the insurer accepting this insurance, please advise:

Signed: _____ Dated: ____/____/____