

PHARMACIST COMMERCIAL INSURANCE FACILITY QUESTIONNAIRE

CONTACT / ADDRESS DETAILS

<u>CONTACT NAME</u>	
<u>CONTACT TELEPHONE NUMBER</u>	
<u>NAME OF PHARMACY</u>	
<u>ADDRESS</u> (to be insured)	
<u>POSTCODE</u>	
<u>HOW LONG OCCUPIED BY YOU</u>	

CONSTRUCTION

WALLS (<i>i.e Brick, Stone, Wood etc</i>)	
FLOORS (<i>i.e Concreate, Steel, Wood etc</i>)	
ROOF (<i>i.e Slate, Tile, Flat etc</i>)	

SECURITY

IS ALARM MAINTAINED BY A NACOSS APPROVED COMPANY (<i>If no alarm state no alarm</i>)	YES / NO / NO ALARM
<u>ALARM SIGNAL</u> (Bells only, Central Station Red care etc)	
<u>CCTV</u>	YES / NO
<u>OCCUPIED OVERNIGHT</u>	YES / NO
<i>Is Property</i> <u>UNDER YOUR SOLE CONTROL</u>	YES / NO

SUMS INSURED

<u>BUILDINGS</u>	
STOCK	
ELECTRONIC OFFICE EQUIPMENT (Including Computers)	
ALL OTHER CONTENTS	
IS PUBLIC / PRODUCTS LIABILITY REQUIRED	

PREVIOUS INSURANCE HISTORY

<u>INSURER</u>	
RENEWAL DATE	
PREMIUM	
<u>ANY CLAIMS IN LAST 3 YEARS</u>	YES / NO <i>If Yes please confirm on a separate sheet, dates , circumstances & costs</i>