



Business Insurance

Contact Details

Complete your details in the form and mail it to the address below. We will contact you as soon as possible.

Type of Insurance: (Tick One)	Material Damage Cover	<input type="checkbox"/>	Marine Insurance	<input type="checkbox"/>
	Public Liability	<input type="checkbox"/>	Fleet Insurance	<input type="checkbox"/>
	Products Liability	<input type="checkbox"/>	Goods in Transit	<input type="checkbox"/>
	Employers Liability	<input type="checkbox"/>	Shop Insurance	<input type="checkbox"/>
	Buildings Insurance	<input type="checkbox"/>	Office Insurance	<input type="checkbox"/>
	Professional Indemnity	<input type="checkbox"/>	Golf Club Insurance	<input type="checkbox"/>
	Directors and Officers	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Company Name:	<input type="text"/>		
Contact Name:	<input type="text"/>			
Address:	<input type="text"/>			
Phone Number:	<input type="text"/>			
Fax Number:	<input type="text"/>			
Email Address:	<input type="text"/>			
Type of business:	<input type="text"/>			
Current Turnover: £	<input type="text"/>			
Current Insurer:	<input type="text"/>			
Current Broker:	<input type="text"/>			
Renewal Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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