

**LOSS ASSESSORS FEES INSURANCE SCHEME**

**ENQUIRY FORM**

**TO:** PAUL COOPER

**FROM:**

**FAX:** 020 8460 2118

**FAX:**

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**INSURED NAME:**

**New/Existing Business  
(delete as applicable)**

**RISK ADDRESS:**

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**NATURE OF BUSINESS:**

**MATERIAL DAMAGE PREMIUM:**

£.....

**POLICY NO:**

**INSURER:**

**BUSINESS INTERRUPTION PREMIUM:**

£.....

**POLICY NO:**

**INSURER:**

**CLAIMS EXPERIENCE:**

**STANDARD LIMITS:**

£40,000 Loss Assessors fee any one material damage claim

£50,000 Loss Assessors fee any one material damage claim, with business interruption claim

£300,000 Loss Assessors fee aggregate limit any one period of insurance

Franchise £5,000

50,000 Property Legal Protection Cover

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**Office Use**

Premium 6% minimum premium £150

£.....

IPT:

£.....

**TOTAL PREMIUM:**

£.....

Quote Reference "LAFS

PC1/08/02

**PLEASE CONFIRM IF YOU WISH TO PROCEED AND WE WILL ISSUE DOCUMENTS**