



# MARSH COMMERCIAL

Castlemead, Lower Castle Street, Bristol, BS1 3AG  
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Authorised and regulated by the Financial Conduct Authority

## COMMERCIAL PROPERTY CLAIM FORM

<b>Insured</b>	<b>Policy No.</b>	<input type="text"/>
<b>Name</b>	<input type="text"/>	
<b>Address</b>	<input type="text"/>	
	<b>Postcode</b>	
<b>Tel. No:</b>	<input type="text"/>	<b>Fax No:</b> <input type="text"/>
		<b>VAT Registered?</b> <input type="checkbox"/> YES/NO <input type="checkbox"/>

### Your Property

Are you the sole owner of the Buildings? YES  NO

Please give the name and address of any other party with an interest in your property (bank, building society, HP company etc.)

Are you legally liable as tenant for damage to the property? YES  NO

If YES, please advise the identity of the landlord and forward a copy of your tenancy agreement.

State purpose(s) for which the premises are used or nature of work carried on at the site:

State total value of insured premises/property	<b>Buildings</b>	<input type="text"/>	<b>Machinery</b>	£	<input type="text"/>
	<b>Fixtures/Fittings</b>	<input type="text"/>	<b>Stock</b>	£	<input type="text"/>
	<b>All other contents</b>	<input type="text"/>			

Are there any other insurances on the property? YES  NO

If YES please give details

Have you ever before made a claim for damages to or loss of property on any insurance company or underwriter? YES  NO

If YES, give nature of claim

**Name of Insurers**  **Amount Paid**  £

### General Information

Have you or any director or partner ever been convicted of any criminal offence involving arson, theft or dishonesty? YES  NO

If YES, please give details (impending proceedings must also be disclosed)

**Details of the Loss or Damage**Incident Date: Address Who discovered Loss/Damage?  When? 

State fully how the loss or damage occurred:


If the claim is for an article lost, stolen or maliciously damaged, the Police **MUST** be advised immediately.

Date Police advised: <input type="text"/>	Address of Police station: <input type="text"/>
Crime reference no: <input type="text"/>	Officer's name & no: <input type="text"/>

**Details of Claim** (Please continue on a separate sheet if necessary)

Damaged property should be retained for inspection if required

**Where applicable, attach estimates for repair or replacement, Please also supply copies of original purchase invoices. If not readily available these may follow at a later date.**

Description of Property	Where & When Acquired	Original Cost	Replacement Cost	Amount Claimed

**DECLARATION**

I/We declare that the statements made are true to the best of my/our knowledge and belief and I/we claim the amount above in respect of the items mentioned

Date  Signature of Policyholder