

## Holdfast Coffee & Café Scheme Quote Sheet

Contact: Jacqueline Grundle

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Phone: 0882730906 or 1800 064 470

Date: \_\_\_\_\_

Brokerage: \_\_\_\_\_

Contact: \_\_\_\_\_

Number : \_\_\_\_\_

Email: \_\_\_\_\_

Quote Required By: \_\_\_\_\_

Coffee Shop or Café (Please Circle which one)

Client Name: \_\_\_\_\_

Trading As: \_\_\_\_\_

Period of Insurance: Start \_\_\_\_\_

Situation of Premises: \_\_\_\_\_

Turnover: \$ \_\_\_\_\_ Number of Employees \_\_\_\_\_

Years in Business \_\_\_\_\_

Current Expiry Date: \_\_\_\_\_ Current Underwriter: \_\_\_\_\_

Premium Paid: \_\_\_\_\_ Payment Options: Monthly or Yearly

Claims History for the Last 5 Years:

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### Disclosure Questions

- Has the Client ever been charged or Convicted of a Criminal Offence? Y/N
- Has the Client ever had any insurance declined, cancelled or renewal refused?  
Y / N
- Has the Client ever had any special conditions imposed – such as excesses etc?  
Y / N
- Has the Client ever been declared bankrupt? Y/N
- Has the Client ever had any claim denied for business insurance? Y/N
- Are there any circumstances that could give rise to a claim? Y/N
- Is there any additional information that we should be made aware of? Y/N

If the answer is YES to any of the above, please provide further details below

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**Employee Dishonesty**

Limit \$10,000

Yes / No

Additional Information

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**Mobile Coffee Van - Vehicle**

Year:

Make:

Model:

Body Type:

Reg:

Cover:

Comprehensive  
Third Party Fire and Theft  
Third Party Only

Market Vaule

Agreed Value

Sum Insured:

Vehicle Value \$ \_\_\_\_\_

Fit Out: \$ \_\_\_\_\_

Contents \$ \_\_\_\_\_

Stock \$ \_\_\_\_\_

NCB:

Interested Party

Main Driver:

Date of Birth:

- Has the driver had any speeding fines, traffic infringements in the last five years? Y/N
- Has the driver had any accidents or claims in the last 5 years? Y/N
- Has the driver their license cancelled or suspended in the last five years? Y/N
- Has the driver of the vehicle had any convictions relating to alcohol, drugs, dangerous driving or failing to stop after an accident in the last 5 years? Y/N

If the answer is YES to any of the above, please provide further details below

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