



Commercial Presentation

BIBA Business Plan



BIBA Member Details

Agent Name	<input type="text"/>	Agent Ref	<input type="text"/>
Tel Number	<input type="text"/>	Fax Number	<input type="text"/>
		E-mail Address	<input type="text"/>

Proposer Details

Proposer

Main Address

Full Business Description

Year Established Financial Y/E Quality Accreditation - BS5750/ISO9000

Insurance Details

Current Insurers	<input type="text"/>	Current Broker	<input type="text"/>
Renewal Date	<input type="text"/>	LTA Expiry Date	<input type="text"/>
		Quote Deadline Date	<input type="text"/>
Current Premium	<input type="text"/>	Target Premium	<input type="text"/>
			<input type="checkbox"/> Including IPT
Claims Details	<input type="checkbox"/> 3 Years as below <input type="checkbox"/> 5 Years as below <input type="checkbox"/> Confirmed/Detailed Claims Experience attached		

Additional Information

FAX TO FUACL ON 0870 366 9562

Drop an e-mail to fuacl@folgate.co.uk if you would like an electronic (Excel) version