

<b>FAX</b>		
TO:	Eamonn Doherty/Liam Conlon	
	Brennan Insurances	
Fax No.	01 6395 590 /schemes@brennaninsurances.ie	
<b>Brennan Insurances Security Insurance Facility Quick Quote Form</b>		
<b>Name</b>		
<b>Address</b>		
<b>Current Insurer:</b>		
<b>Contact Name / Number</b>		
<b>Renewal Date</b>		
<b>Business Plan</b>		
<i>Please breakdown your Turnover and Wages into the following Categories:</i>		
<u>Activity</u>	<u>Wages</u>	<u>Turnover</u>
Office / Warehouses / Factories	€	€
Store Detectives	€	€
Mobile Patrols	€	€
Key holding	€	€
Door Supervisors	€	€
Any other work	€	€
<b>Total</b>	<b>€</b>	<b>€</b>
<b>General Information</b>		
<b>Do you have a current up to date Health and Safety Statement?</b>		
<b>Please provide details of all Training given to Staff:</b>		
<b>Please give details of all claims paid and outstanding in the past five years:</b>		
SIGNED:		
DATE		

