

<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>Contact Number</b>		
<b>Current Insurer</b>		
<b>Renewal Date</b>		
<b>PSA Licence number</b>		
<b>Business Plan</b>		
<i>Please breakdown your Turnover and Wages into the following Categories:</i>		
<u><b>Activity</b></u>	<u><b>Wages</b></u>	<u><b>Turnover</b></u>
Pubs	€	€
Night Clubs	€	€
Hotels	€	€
Any Other Venues	€	€
<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 year:</b>		
<b>SIGNED:</b>		
<b>DATE:</b>		

