

FAX		
TO:	Eamonn Doherty/Liam Conlon	
	Brennan Insurances	
Fax No.	01 6395 590 /schemes@brennaninsurances.ie	
Brennan Insurances Security Insurance Facility Quick Quote Form		
Name		
Address		
Current Insurer:		
Contact Name / Number		
Renewal Date		
Business Plan		
<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	€	€
Total	€	€
General Information		
Do you have a current up to date Health and Safety Statement?		
Please provide details of all Training given to Staff:		
Please give details of all claims paid and outstanding in the past five years:		
SIGNED:		
DATE		

