

QUESTIONNAIRE · BUSINESS MULTI-RISK

Business multi-risk questionnaire

Information needed for your study — to be returned to info@assudire.fr

Answer what applies to you: only your contact details are required. The more precise you are, the more accurate our proposal. Documents can reach us later.

1. YOUR BUSINESS AND YOU

The business taking out the policy, and who to call back.

Company name : SIRET : NAF code (business activity) :

Legal form : ☐ Sole trader / micro-business ☐ Limited company (SARL / EURL) ☐ Simplified company (SAS / SASU) ☐ Other Date established :

First name : Last name : Position :

Phone : Email :

2. YOUR BUSINESS

What you do, as insurers classify it.

Sector : ☐ Retail shop ☐ Restaurant, café, hotel ☐ Craft / workshop ☐ Office / services ☐ Health / pharmacy
☐ Other

Business activity : Secondary activities :

Annual turnover : € Number of employees : Number of sites :

3. YOUR PREMISES

The building, its use and its security.

Premises address : Premises postcode :

Premises located in France : ☐ Yes ☐ No ☐ Moving in progress You are : ☐ Tenant ☐ Owner

Type of building : ☐ Ground-floor unit ☐ Stand-alone building ☐ Shopping centre or arcade ☐ Business park

Floor area (m²) : Year built : Construction : ☐ Masonry / concrete ☐ Cladding / panels
☐ Timber / mixed

Security : ☐ Monitored alarm ☐ Metal shutter or grille ☐ Burglar-resistant glazing ☐ CCTV
☐ Inspected fire extinguishers ☐ Safe

High-risk neighbours :

4. PROPERTY TO INSURE

Sums to insure, at replacement value.

Equipment and furniture : € Goods and stock : €

Fit-out and improvements : € IT equipment : €

Annual gross margin : € Cash on premises (maximum) : €

Food in cold storage : ☐ No ☐ Yes Equipment taken off the premises : ☐ No ☐ Yes

5. YOUR INSURANCE HISTORY

Your claims record (relevé d'informations) will confirm these details; without it, we prepare a first estimate.

Currently insured : ☐ Yes ☐ No Current insurer : Policy number :

Renewal date : Current premium : € / year Customer since :

Claims on the premises in the last 36 months (including non-fault) :

Date	Type (water damage, theft, fire, broken glass...)	Amount (€)
.....		
.....		
.....		

Cancelled by an insurer in the last 36 months : ☐ No ☐ Yes If yes, reason :

6. YOUR NEEDS

Cover wanted : ☐ Essential ☐ Pro ☐ Tailor-made ☐ Advise me

Cover wanted : ☐ Business interruption ☐ Machinery breakdown ☐ Glass and signs ☐ Goods in transit
☐ All-risks IT ☐ Legal protection ☐ Loss of goodwill value

Excess : ☐ Low ☐ Standard
☐ High (lower premium)

Payment : ☐ Annual ☐ Half-yearly ☐ Quarterly
☐ Monthly

Start date wanted : ☐ As soon as possible ☐ Within a month ☐ At my current renewal Target budget : € / year
☐ Later

Details, constraints or questions :

7. DOCUMENTS TO ATTACH

Photos or scans are fine.

☐ Kbis extract (company registration) ☐ Commercial lease ☐ Schedule of the current policy ☐ Claims record from the current insurer
☐ Equipment list or main invoices ☐ Photos of the premises ☐ Bank details (IBAN)

Several sites? Fill in one questionnaire per site, or list them in the details: we bring them together under a single policy.

DECLARATION AND SIGNATURE

I certify that the information above is accurate; it forms the basis of the study and, where applicable, of the policy. Any concealment or misrepresentation is subject to the penalties of articles L.113-8 and L.113-9 of the French Insurance Code. ASSUDIRE processes the data collected to study my needs and manage the policy, under the conditions of the information document (section 8); I agree to be contacted.

Signed at: Date:

The policyholder

Signature

For ASSUDIRE use

Received on · adviser · study reference