**Declaration:**

Have you the proposer, any director/partner of the business, either personally or in any business capacity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ◦ Been bankrupt, insolvent, subject to bankruptcy/ insolvency proceedings |  Yes | [ ]  |  No | [ ]  |
| ◦ Had a proposal refused or declined |  Yes | [ ]  |  No | [ ]  |
| ◦ Had insurance cancelled or special terms imposed |  Yes | [ ]  |  No | [ ]  |
| ◦ Had any convictions for criminal offences  |  Yes | [ ]  |  No | [ ]  |

**Business Details:**

|  |  |
| --- | --- |
| ◦ Renewal Date |       |
| ◦ Legal Trading Status |  |
| ◦ Business Name |       |
| ◦ Nature of Business/Trade/Type  |       |
| ◦ Title |  |
| ◦ Forename  |       |
| ◦ Surname |       |
| ◦ Telephone Number |       |
| ◦ Email  |       |
| ◦ Website | www.       |
| ◦ Street Number/Name |       |
| ◦ Town/City |       |
| ◦ County |       |
| ◦ Postcode |       |
| ◦ Year Business Established |       |
| ◦ Years at Current Address |       |
| ◦ Number of Employees |       |
| ◦ Current Insurer |       |

**Liabilities Cover:**

|  |  |
| --- | --- |
| ◦ Employers Liability  | Yes [ ]  No [ ]  |
| ◦ Public/Product Liability | Yes [ ]  No [ ]  |
| ◦ Select Limit of Indemnity  | £  |
| ◦ Annual Contracting Turnover | £       |
| ◦ Annual Manufacturing Turnover (if applicable) | £       |
| ◦ Wage Roll (next 12 months) | Clerical £       Manual £       Work Away - £       Work Away - Heat Work £       Work Away – Height Work up to 5 Metres £       Work Away – Height Work 5 to 10 Metres £       Work Away – Height Work 10 to 15 Metres £       Work Away – Height Work 15 to 20 Metres £       Work Away – Height Work over 20 Metres £       Labour Only Sub-Contractors £       Bona-Fide Sub-Contractors £        |
|  |
| ◦ Any Accidents or Claims in the Last 5 Years |
|  |
| ◦ Any Accidents or Claims in the Last 5 Years | Yes [ ]  No [ ]  |
|  | If yes, please give details.       |

**Please email the completed form to** **admin@tcfellis.co.uk** **and we will respond within 48 hours.

Any Additional Information**

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| --- |
|       |