**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 (if applicable) |  |
| ◦ Legal Trading Status |  |
| ◦ Business Name |  |
| ◦ Title |  |
| ◦ Forename |  |
| ◦ Surname |  |
| ◦ Telephone Number |  |
| ◦ Email |  |
| ◦ Website (if applicable) | www. |
| ◦ Street Number/Name |  |
| ◦ Town/City |  |
| ◦ County |  |
| ◦ Postcode |  |

**Please list the name and address of any subsidiary companies to be insured also and % owned by parent.**

|  |  |
| --- | --- |
| ◦ Business Name |  |
| ◦ Street Number/Name |  |
| ◦ Town/City |  |
| ◦ County |  |
| ◦ Postcode |  |
| ◦ Percentage Owned |  |

|  |  |
| --- | --- |
| ◦ Business Name |  |
| ◦ Street Number/Name |  |
| ◦ Town/City |  |
| ◦ County |  |
| ◦ Postcode |  |
| ◦ Percentage Owned |  |

**Business Activities:**

|  |
| --- |
| Thorough Business Description: |

|  |  |
| --- | --- |
| ◦ Gross Income for Last Year |  |
| ◦ Profit for Last Year |  |
| ◦ Currently Insured for Directors & Officers | Yes  No |
| ◦ Name of Insurer |  |
| ◦ Limit of Indemnity |  |
| ◦ Excess | £ |
| ◦ Is Entity Cover Required | Yes  No |
| ◦ Is Employment Practices Liability Cover Required | Yes  No |
| ◦ Any Claims (whether successful or not) | Yes  No |
|  | If yes, please give details. |
| ◦ Any Prior Incident that may give rise to a Claim | Yes  No |
|  | If yes, please give details. |

**Please email the completed form to** [**admin@tcfellis.co.uk**](mailto:admin@tcfellis.co.uk) **and we will respond within 48 hours.**

**Any Additional Information**

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