**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 | [ ]  |

**Proposers Details:**

|  |  |
| --- | --- |
| ◦ 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 |       |
| ◦ Claims Made in The Last 5 Years | Yes [ ]  No [ ]  (if yes, please give details) |
|  |       |
|  |  |

**Personal Accident:**(select only one)

1. [ ]  Multiple of Salary (if selecting this option, please complete the Insured Persons section)
2. [ ]  Fixed Benefits

(only complete this section if you have chosen option 2 above)

**Personal Accident Section - Required Cover:**

(select one of the 4 options below)

1. [ ]  All Employees of the Insured
2. [ ]  Directors only
3. [ ]  Directors and Clerical Workers only
4. [ ]  Named Employees only (if selecting this option, please complete the Insured Persons section)

 **Insured Persons:**

(only complete this section if you have chosen option 4 above)

|  |  |  |
| --- | --- | --- |
|  |  | **Multiple of Salary** (salary disclosure is required)  |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       | Salary £      Multiple of Salary  |
| ◦ Date of Birth |       |
| ◦ Gender | Female [ ]  Male [ ]  |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       | Salary £      Multiple of Salary  |
| ◦ Date of Birth |       |
| ◦ Gender | Female [ ]  Male [ ]  |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       | Salary £      Multiple of Salary  |
| ◦ Date of Birth |       |
| ◦ Gender | Female [ ]  Male [ ]  |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       | Salary £      Multiple of Salary  |
| ◦ Date of Birth |       |
| ◦ Gender | Female [ ]  Male [ ]  |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       | Salary £      Multiple of Salary  |
| ◦ Date of Birth |       |
| ◦ Gender | Female [ ]  Male [ ]  |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       | Salary £      Multiple of Salary  |
| ◦ Date of Birth |       |
| ◦ Gender | Female [ ]  Male [ ]  |

**Cover Options:**

|  |  |
| --- | --- |
| ◦ Insurable Time | [ ]  24 Hours [ ]  Other (please advise)       |
| ◦ Death | Yes [ ]  No [ ]  |
| ◦ Permanent Total Disablement | Yes [ ]  No [ ]  |
| ◦ Temporary Total Disablement | Yes [ ]  No [ ]  |
| ◦ Temporary Partial Disablement | Yes [ ]  No [ ]  |
| ◦ Loss of an Eye or both Eyes | Yes [ ]  No [ ]  |
| ◦ Loss of a Limb or both Limbs | Yes [ ]  No [ ]  |
| ◦ Medical Cover | Yes [ ]  No [ ]  |
| ◦ Other (please list your requirements) |       |
| ◦ Limits (please list your requirements)(do not complete this section if Multiple of Salary) | Death £     PTD £     TTD £     TPD £     Eye/Eyes £     Limb/LimbsDeath £     Medical £     Other (please list)       £     Other (please list)       £      |

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

**Any Additional Information**

|  |
| --- |
|       |