**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 | [ ]  |

**Details:**

|  |  |
| --- | --- |
| ◦ Renewal Date |       |
| ◦ Legal Trading Status (if for commercial use) |  |
| ◦ Business Name (if for commercial use) |       |
| ◦ Title |  |
| ◦ Forename  |       |
| ◦ Surname |       |
| ◦ Telephone Number |       |
| ◦ Email  |       |
| ◦ Website (if for commercial use) | www.       |
| ◦ Street Number/Name |       |
| ◦ Town/City |       |
| ◦ County |       |
| ◦ Postcode |       |
| ◦ Current Insurer |       |
| ◦ Any Accidents or Claims in the Last 5 Years | Yes [ ]  No [ ]  |
|  | If yes, please give details.       |
| ◦ “No Claims” Discount Held |  Years  |
| ◦ Any Tracking Devices Fitted | Yes [ ]  No [ ]  |
|  | If yes, please give details.        |
| ◦ Any Alarm or Immobilisers Fitted | Yes [ ]  No [ ]  |
|  | If yes, please give details.       |

|  |
| --- |
| Vehicles Details: |
| Make | Model | Registration | CC/G.V.W. | Annual Mileage | Value |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

|  |
| --- |
| Overnight Parking Location: |
| Address & Post Code(if different from above) |       |
| Location  |  |

|  |
| --- |
| Additional Named Drivers: |
| No. | Name | Age | Job | Use  | License Type | Length Held | Vehicles |
| 1 |       |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |       |

|  |  |  |
| --- | --- | --- |
| Unspent Driving Convictions: | 1 | Driver -      Date -      Cause -      Amount -       |
|  | 2 | Driver -      Date -      Cause -      Amount -       |

1. **Cover:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (select only one) | Comprehensive | [ ]  | Third Party Fire & Theft | [ ]  | Third Party Only | [ ]  |

1. **Use:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (select only one) | SD&P | [ ]  | SD&P plus Own Business | [ ]  | Other | [ ]  |
| If other, please give details.       |

1. **Options:**

|  |  |
| --- | --- |
| ◦ Legal Expenses  | Yes [ ]  No [ ]  |
| ◦ Un-Insured Loss Recovery  | Yes [ ]  No [ ]  |

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

**Any Additional Information**

|  |
| --- |
|       |