**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**](mailto:admin@tcfellis.co.uk) **and we will respond within 48 hours.**

**Any Additional Information**

|  |
| --- |
|  |