**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  |  |
| ◦ Business Name  |       |
| ◦ Title |  |
| ◦ Forename  |       |
| ◦ Surname |       |
| ◦ Telephone Number |       |
| ◦ Email  |       |
| ◦ Website  | 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.       |
| ◦ Any Tracking Devices Fitted | Yes [ ]  No [ ]  |
|  | If yes, please give details.        |
| ◦ Any Alarms or Immobilisers Fitted | Yes [ ]  No [ ]  |
|  | If yes, please give details.       |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** |  **Make** | **Model** | **CC/GVW** | **Reg** | **Seats** | **Value** | **NCD** | **Postcode** | **Drivers** | **Use** | **Cover** |
| **1** |       |       |       |       |       |       |       |       |       |       |       |
| **2** |       |       |       |       |       |       |       |       |       |       |       |
| **3** |       |       |       |       |       |       |       |       |       |       |       |
| **4** |       |       |       |       |       |       |       |       |       |       |       |
| **5** |       |       |       |       |       |       |       |       |       |       |       |
| **6** |       |       |       |       |       |       |       |       |       |       |       |
| **7** |       |       |       |       |       |       |       |       |       |       |       |
| **8** |       |       |       |       |       |       |       |       |       |       |       |
| **9** |       |       |       |       |       |       |       |       |       |       |       |

 **Vehicle Details:**

|  |  |  |
| --- | --- | --- |
| Unspent Driving Convictions: | 1 | Driver -      Date -      Cause -      Amount -       |
|  | 2 | Driver -      Date -      Cause -      Amount -       |
|  | 3 | Driver -      Date -      Cause -      Amount -       |
|  | 4 | Driver -      Date -      Cause -      Amount -       |

**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**

|  |
| --- |
|       |