**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 |  |
| ◦ Legal Trading Status |  |
| ◦ Business Name |  |
| ◦ Title |  |
| ◦ Forename |  |
| ◦ Surname |  |
| ◦ Telephone Number |  |
| ◦ Email |  |
| ◦ Website | www. |
| ◦ Street Number/Name |  |
| ◦ Town/City |  |
| ◦ County |  |
| ◦ Postcode |  |
| ◦ Year Business Established |  |
| ◦ Years at Current Address |  |
| ◦ Number of Employees |  |
| ◦ Current Insurer |  |
| ◦ Any Accidents or Claims in the Last 5 Years | Yes  No |
|  | If yes, please give details. |
| ◦ Material Facts | None  The business is not self-contained with its own access  The location has a history of flooding  The property is made of non-standard materials  The property/adjacent property has signs of Subsidence  The proposer is not the sole occupant of the premises  There is a cash machine (ATM) at the premises |
| ◦ Number of Trade Plates Owned |  |
| ◦ “No Claims” Discount Held | Years |

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

1. **Buildings Cover:**

|  |  |
| --- | --- |
| ◦ Do you require Buildings Cover | Yes  No |
|  | If no, continue to section 2 Contents Cover. |
| ◦ Trade/Business Description |  |
| ◦ Location |  |
| ◦ Occupancy |  |
| ◦ Is the Building Listed |  |
| ◦ Is the Building in a Good State of Repair | Yes  No |
| ◦ Required Cover (select only one) | All Risks  All Risks plus Accidental Damage  All Risk plus Subsidence  All Risks plus Accidental Damage & Subsidence |
| ◦ Buildings Cover Basis (select only one) | Reinstatement  Indemnity |
| ◦ Buildings | £ |
| ◦ Landlords Fixtures & Fittings | £ |
| ◦ Tenants Improvements | £ |
| ◦ Is Terrorism Cover Required | Yes  No |
| ◦ Loss of Rent Payable/Receivable | £ |

1. **Contents Cover:**

|  |  |
| --- | --- |
| ◦ Do you require Contents Cover | Yes  No |
|  | If no, continue to section 3 Money Cover. |
| ◦ Contents – Electrical Office Equipment | £ |
| ◦ Contents - Portable Hand Tools | £ |
| ◦ Contents – Customers Vehicles (maximum) | £ |
| ◦ Contents – All Other Contents | £ |
| ◦ Stock – Audio Equipment | £ |
| ◦ Stock – Own Vehicles | £ |
| ◦ Stock – Petrol &/or Oil | £ |
| ◦ Stock – All Other Items | £ |

1. **Money Cover:**

|  |  |
| --- | --- |
| ◦ Do you require Money Cover | Yes  No |
|  | If no, continue to section 4 Goods In Transit. |
| ◦ Money During Hours | £ |
| ◦ Money Out of Hours, in Safe | £ |
| ◦ Money in Transit/Bank Night Safe | £ |
| ◦ Money Out of Hours, Not in Safe | £ |
| ◦ Money at Home | £ |

1. **Vehicles in Transit:**

|  |  |
| --- | --- |
| ◦ Do you require Vehicles in Transit Cover | Yes  No |
|  | If no, continue to section 5 Business Interruption. |
| ◦ Own Carriage - Maximum Value Consignment | £ |
| ◦ Hauliers - Maximum Value Consignment | £ |

1. **Business Interruption:**

|  |  |
| --- | --- |
| ◦ Do You Require Business Interruption Cover | Yes  No |
|  | If no, continue to section 6 Other Options. |
| ◦ Gross Profit/Revenue | £ |
| ◦ Increased/Additional Cost of Working | £ |
| ◦ Indemnity Period (months) |  |

1. **Other Options:**

|  |  |
| --- | --- |
| ◦ Legal Expenses | Yes  No |
| ◦ Loss of MOT Licence | Yes  No  Annual MOT Fees £ |
| ◦ Equipment Breakdown | Yes  No |
| ◦ Personal Accident | Yes  No |

1. **Liabilities Cover:**

|  |  |
| --- | --- |
| ◦ Employers Liability | Yes  No |
| ◦ Public/Product Liability | Yes  No |
| ◦ Select Limit of Indemnity | £ |
| ◦ Annual Turnover | £ |
| ◦ Wage Roll (next 12 months) | Clerical £       Manual £       Work Away £ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Estimated T/O Split** | | | | | |
| Sale of New Vehicles |  | Self-Drive Hire |  | Sale of Parts/Accessories |  |
| Sale of Used Vehicles |  | Private Hire |  | Sale of Commodities |  |
| Sale of Petrol (24 hours) |  | Body Repairs |  | Mechanical Repair/Servicing |  |
| Sale of Petrol (normal hours) |  | Full Body Spraying |  | Vehicle Breaking/Dismantling |  |
| Recovery Work |  | Touch-Up Spraying |  | Other Work  (please specify) |  |
| Do you regularly handle any of the following: | | | | | |
| 1. Sports or High Performance Vehicles | | | | Yes  No | |
| 2. Vehicles Exceeding £20,000 | | | | Yes  No | |
| 3. Goods/Heavy Goods or Passenger Service Vehicles | | | | Yes  No | |
| 4. Veteran or Vintage Vehicles | | | | Yes  No | |
| 5. Agricultural or Contract Plant Vehicles | | | | Yes  No | |
| 6. Motor Cycles | | | | Yes  No | |

1. **Road Risks Cover:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Extensions: | | | |
| Windscreen | Yes | Loan & Hire | Yes |
| Accompanied Demonstration | Yes | Unaccompanied Demonstration | Yes |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Vehicles Owned or Leased: | | | | | | |
| No. | Make | Model | Registration | CC | G.V.W. | Value |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Insured Drivers: | | | | | | | |
| No. | Name | Age | Job | Use | License Type | Length Held | Drive Which |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

**If you have selected Buildings and/or Contents cover, please complete the following information.**

|  |  |
| --- | --- |
| ◦ Intruder Alarm | Yes  No |
| ◦ Alarm Type | ABC  Audible  Central Station - Dial-Up Line  Central Station - Direct Line  Digicom  Dualcom  High Decibel Internal Sounder  Line - Site Security Office  Paknet  Police - Direct Line  Redcare  Redcare - GSM  Visual |
| ◦ Police Response | Level 1  Level 2  Level 3  No Police Response |
| ◦ Additional Security Details | Close Shackle Padlock – 5 (or more) Levers  Open Shackle Padlock – 5 (or more) Levers  Rim Lock  Rim Lock Automatic Deadlock  Rim Lock Automatic Deadlock – BS3621  Hinge Bolts  Steel Lined Doors  Bars on Windows  Anti-Ram Raid Bollards  External Grills  Proposer/Family Members/Employees Residing  Rim Deadlocks  Internal Grills  Shutters - Metal  Shutters – Wooden  Standard Non-Iron Grills  Encasement Devices on Computer Equipment  Lock Down Devices  Town Centre CCTV  Private CCTV  Other Monitored CCTV  24 Hour Security  Security Patrols  Guard Dogs |
| ◦ Risk Improvement Features | Sprinklers  Fire Blankets  Fire Extinguishers  Smoke Detectors |
| ◦ Fire Alarm | Bells Only  Automatic/Redcare System |
| ◦ Premises Heated by | Gas or Electric Conventional Central Heating Pipes  Other Electric Heating (excluding portable/non-fixed)  Other |

**If you have selected Liabilities cover, please complete the following information.**

|  |  |
| --- | --- |
| Does the company have a written Health & Safety policy | Yes  No |
| Do all staff undertake a formal documented training policy | Yes  No |
| How many employees have under 3 years Motor Trade experience |  |

**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**

|  |
| --- |
|  |