**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 |  |

**Personal/Company Details:**

|  |  |
| --- | --- |
| ◦ Renewal Date |  |
| ◦ Legal Trading Status |  |
| ◦ Business Name |  |
| ◦ Proposers Title |  |
| ◦ Proposers Forename |  |
| ◦ Proposers Surname |  |
| ◦ Telephone Number |  |
| ◦ Email |  |
| ◦ Website | www. |
| ◦ Street Number/Name |  |
| ◦ Town/City |  |
| ◦ County |  |
| ◦ Postcode |  |
| ◦ Is this a new policy or a renewal |  |
|  | (if currently insured for PI, which insurer) |

1. **General Information:**

|  |  |
| --- | --- |
| ◦ Occupation/Profession |  |
| ◦ Description of Work Undertaken |  |
| ◦ Number of Years’ Trading |  |
| ◦ Number of Years’ Experience (if more than above) |  |

1. **Claims Experience:**

|  |  |
| --- | --- |
| ◦ Any Claims - Last 10 years (successful or not) | Yes  No  If yes, please give details. |
| ◦ Any circumstances which might give rise to a claim | Yes  No  If yes, please give details. |

1. **Employees:**

|  |  |
| --- | --- |
| ◦ Number of Proprietors/Partners/Directors |  |
| ◦ Number of Employees |  |

1. **Turnover:**

|  |  |
| --- | --- |
| ◦ Annual Turnover (UK) | £ |
| ◦ Annual Turnover (EU) | £ |
| ◦ Annual Turnover (ROW) | £ |
| ◦ Annual Turnover (USA) | £ |

1. **Sub-Contractors:**

|  |  |
| --- | --- |
| ◦ Percentage of T/O for Sub-Contractors | **%** |

1. **Cover:**

|  |  |
| --- | --- |
| ◦ Required Limit of Indemnity | £ |

**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**

|  |
| --- |
|  |