|  |  |  |  |
| --- | --- | --- | --- |
| Broker’s / Agent’s details | | | |
| Broker name |  | Contact name |  |
| Broker address |  | | |
| Telephone number |  | Fax number |  |
| Email address |  | Date submitted |  |
| Renewal date |  | **Deadline date** |  |
| Holding agent |  | Last year’s premium | £ |
| Holding insurer |  | Target premium | £ |
| Proposer’s / Insured’s details | | | |
| Proposer’s name |  | Co. Registration no. |  |
| Proposer’s address |  | Website address |  |
| Address continued |  | Town/City |  |
| County |  | Post code |  |
| Business description |  | Year established |  |
| Company brochures | Attached / unavailable *(delete as applicable)* | Accounts | Attached / unavailable |

|  |
| --- |
| Other companies *(specify whether dormant, a subsidiary or associated and include any ‘Trading as’ names)* |

|  |
| --- |
| Details of processes and machinery used (including whether automated, manual, mechanical, etc.) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Covers Required *(Please indicate with X)* | | | | | | | |
| Material Damage |  |  | Public & Products Liability |  |  | Engineering |  |
| Business Interruption |  |  | Goods in Transit |  |  | Money |  |
| Employers Liability |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Claim Experience in past 5 years | | | | | |
| Date | Details (include circumstances and post loss action to prevent reoccurrence) | | | Amounts paid | |
|  |  | | | £  *Include any outstanding amounts not yet paid* | |
|  |  | | | £  *Include any outstanding amounts not yet paid* | |
|  |  | | | £  *Include any outstanding amounts not yet paid* | |
|  |  | | | £  *Include any outstanding amounts not yet paid* | |
| Risk Locations | | | | | |
| Location 1 | | | | | |
| Address |  | | | | |
| Address continued |  | Town/City | |  | |
| County |  | Post Code | |  | |
| Occupation / use |  | | | | |
| Describe area |  | | | | |
| Location 2 | | | | | |
| Address |  | | | | |
| Address continued |  | Town/City | |  | |
| County |  | Post Code | |  | |
| Occupation / use |  | | | | |
| Describe area |  | | | | |
| Location 3 | | | | | |
| Address |  | | | | |
| Address continued |  | Town/City | |  | |
| County |  | Post Code | |  | |
| Occupation / use |  | | | | |
| Describe area |  | | | | |
| Location 4 | | | | | |
| Address |  | | | | |
| Address continued |  | Town/City | |  | |
| County |  | Post Code | |  | |
| Occupation / use |  | | | | |
| Describe area |  | | | | |
| Risk Profile for location 1 *( ‘cut and paste’ this section as required for additional locations )* | | | | | |
| Construction | | | | | |
| Purpose built & walls of brick, concrete or stone (exposed steelwork to be fully enclosed in fire resistant material), concrete floor and roof with less than 10% combustible linings | | | | | Yes / No *(delete as applicable)* |
| Building suitable for occupation & concrete or steel framed with metal walls or roof, (walls/roof may include non-combustible composite panelling as an external cladding) & concrete floors | | | | | Yes / No *(delete as applicable)* |
| Standard construction i.e. masonry walls, timber floors/mezzanine floor and roof covered with slate or tile or multi-storey building with glazed curtain walling | | | | | Yes / No *(delete as applicable)* |
| Significant combustible elements, internal wall/roof linings, external timber claddings, timber frame structures or buildings with combustible composite (sandwich) panels or unsuitable for trade | | | | | Yes / No *(delete as applicable)* |
| Are the buildings:  Detached buildings in single occupation with minimum 10m separation from the nearest neighbour?  Either detached buildings or buildings separated by concrete block or brick wall up to the underside of the roof?  Other than the above but not multi tenure with more than 3 tenants?  Multi-tenure with 3 or more tenants? | | | | | Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)* |
| Electrical | | | | | |
| System installed within the last 5 years to relevant regulation standard | | | Yes / No *(delete as applicable)* | | |
| Systems more than 5 years old with tests/inspections in line with IEE or equivalent / or inspected by own qualified personnel | | |  | | |
| Additional information if any: | | |  | | |
| Heating | | |  | | |
| System using ducted warm air or water filled radiators fed from a remote boiler and fuel source or no heating | | |  | | |
| Is oil tank bunded? | | |  | | |
| Other fixed heating/ Describe (Oil Burner / Wood Stove) | | |  | | |
| Any portable heaters / Describe | | |  | | |
| Fire Protection | | |  | | |
| Good automatic fire protection coverage heat/smoke detectors and signalling | | |  | | |
| Standard audible fire alarm (no connection) | | |  | | |
| What edition does the sprinkler installation conform to:- (must be maintained) | | | Edition | | |
| Nearest fire brigade | | | Miles | | |
| Number of fire hydrants within 500 m and diameter of supply pipe | | |  | | |
| Is smoking prohibited, and where is it permitted? | | |  | | |
| Are FEA’s installed and regularly maintained? | | | Yes / No *(delete as applicable)* | | |
| Is there any spraying? | | | Yes / No *(delete as applicable)* | | |
| Spray booth details | | |  | | |
| Is there any storage of stock to height and if so how high in meters? | | | Yes / No *(delete as applicable)* | | |
| Does packaging take place? | | | Yes / No *(delete as applicable)* | | |
| What are the storage arrangements for packaging materials? | | |  | | |
| Any ISO accreditation or Investors in People? | | | Yes / No *(delete as applicable)* | | |
| Housekeeping management, (congestion, accumulation, etc) | | |  | | |
| Regular waste control and removal in place? | | | Yes / No *(delete as applicable)* | | |
| Is there a disaster recovery plan? | | | Yes / No *(delete as applicable)* | | |
| Security | | |  | | |
| Name of alarm installer:- | | |  | | |
| By which inspectorate is it approved i.e. | | | NACOSS / SSAIB / None | | |
| Alarm signal (e.g. Redcare, Digicom) | | |  | | |
| What level of response is in force | | | Level 1 / level 2 / Level 3 | | |
| How many false alarms in the past 12 months | | |  | | |
| Any form of alarm verification used (i.e. audio, visual or sequential) | | | Yes / No *(delete as applicable)* | | |
| Smoke-cloak in place? | | | Yes / No *(delete as applicable)* | | |
| Does the alarm protect the entire premises | | | Yes / No *(delete as applicable)* | | |
| Type of protection: e.g. Perimeter; Glass Sensor; Volumetric; PIR’s / Beams | | |  | | |
| Is CCTV in operation?  If YES is it: Monitored or Recorded? Please state tape retention (number of days) | | | Yes / No *(delete as applicable)* | | |
| Name of nearest 24-hour manned police station  Distance | | | miles | | |
| Is there 24 hour Manned Security on the premises? | | | Yes / No *(delete as applicable)* | | |
| Area – Predominately Residential / Commercial / Industrial | | |  | | |
| Final exit door:  Method of locking  Materials  Glazing | | |  | | |
| Accessible windows:  Method of locking  Type of Glass  Grills / Bars / Shutters | | |  | | |
| Entrapment devices (e.g. computer lockdown plates, etc.):- | | |  | | |
| Door entry system and / or access control system to different parts of building | | |  | | |
| Type of vehicle access to the site including gates / barriers, etc. | | |  | | |
| Perimeter security including type height of walls, fences and gates | | |  | | |

|  |  |
| --- | --- |
| Material Damage | |
| Fire and Perils / Theft / AD and all fixed glass including any external signs | Yes / No *(delete as applicable)* |
| Subsidence | Yes / No *(delete as applicable)* |
| Sprinkler Leakage | Yes / No *(delete as applicable)* |
| Terrorism | Yes / No *(delete as applicable)* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Location | Buildings (Declared Value) | Tenants Improvements | General Contents | Computers, Electronic Equipment | Stock | Miscellaneous\* |
|  | £ | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ | £ |
| \* provide detail for each miscellaneous item: | | | | | | |

|  |  |
| --- | --- |
| Existing excesses / deductibles | £ |
| Day One inflation provision | Yes / No *(delete as applicable)* |
| Percentage uplift |  |
| Extensions and clauses required |  |
| Additional Notes | |

|  |  |
| --- | --- |
| Business InterruptionCover: as shown under Material Damage Section | |
| Financial year end |  |
| Turnover | £ |
| Sums Insured: Gross Profit / Fees / Revenue (delete as applicable) | £ |
| Indemnity Period | Months |
| Additional increase in cost of working | £ |
| Loss of Rent : | £ |
| Indemnity Period : | Months |
| Book Debts | £ |
| Declaration Basis | Yes / No *(delete as applicable)* |
| Extensions: Denial of access and/or exit (due to damage in the vicinity) | Yes / No *(delete as applicable)* |
| Customers extension (see note below) | Yes / No *(delete as applicable)* |
| Suppliers extension (see note below) | Yes / No *(delete as applicable)* |
| Failure of public utilities | Yes / No *(delete as applicable)* |
| Sub-contractors premises | Yes / No *(delete as applicable)* |
| Loss of attraction (due to damage in the vicinity) | Yes / No *(delete as applicable)* |
| Contract sites | Yes / No *(delete as applicable)* |
| Proportion of profit earned at contract sites | Yes / No *(delete as applicable)* |
| Advance profits (for business start-up, building extension) | Yes / No *(delete as applicable)* |
| Murder / suicide | Yes / No *(delete as applicable)* |
| Transit extension | Yes / No *(delete as applicable)* |
| Infectious disease | Yes / No *(delete as applicable)* |
| Additional Notes | |
| Excess applicable: | £ |

|  |  |
| --- | --- |
| Employers Liability | |
| Health & Safety policy statement in place? | Yes / No *(delete as applicable)* |
| Have risk assessments been undertaken? | Yes / No *(delete as applicable)* |
| Is there a specified individual responsible? | Yes / No *(delete as applicable)* |
| Is Health & Safety training provided? | Yes / No *(delete as applicable)* |
| Are records maintained of each employees training? | Yes / No *(delete as applicable)* |
| Is safety clothing and equipment provided? | Yes / No *(delete as applicable)* |
| Is it free issue? | Yes / No *(delete as applicable)* |
| Is all machinery adequately guarded & maintained? | Yes / No *(delete as applicable)* |
| Are all safety notices/instructions prominently displayed? | Yes / No *(delete as applicable)* |
| Is there an accident book? | Yes / No *(delete as applicable)* |
| Is there any manual handling? | Yes / No *(delete as applicable)* |
| Is full training provided? | Yes / No *(delete as applicable)* |
| Is there strict adherence to COSHH? | Yes / No *(delete as applicable)* |
| Additional Notes | |
| Limit of indemnity required | £10,00,000 |
| Total number of employees:- |  |

|  |  |  |
| --- | --- | --- |
| Category | Number | Wage Roll |
| Clerical |  | £ |
| Manual - premises |  | £ |
| Manual - away |  | £ |
| Labour only - subcontractors |  | £ |
| Other |  | £ |

|  |  |  |  |
| --- | --- | --- | --- |
| Public/Products Liability | | | |
| Do you use heat away from the premises (if yes, please describe fully in notes) | | | Yes / No *(delete as applicable)* |
| Full compliance with standard heat precaution warranty | | | Yes / No *(delete as applicable)* |
| What height do you work to externally | | | metres |
| What height do you work to internally | | | metres |
| Do you use cradles, cherry pickers, scaffolding, ladders (if yes, describe fully in notes) | | | Yes / No *(delete as applicable)* |
| Do you use bona-fide subcontractors (if yes, describe fully in notes) | | | Yes / No *(delete as applicable)* |
| Do you create toxic waste or other hazardous process (if yes, describe fully in notes) | | | Yes / No *(delete as applicable)* |
| Additional Notes | | | |
| Products Liability | | | |
| Is the product to BS Kitemark or equivalent standard | | | Yes / No *(delete as applicable)* |
| Are the origin of materials and destination of products recorded and traceable | | | Yes / No *(delete as applicable)* |
| Is there any batch control, quality control in place | | | Yes / No *(delete as applicable)* |
| Are there any contractual agreements that remove subrogation rights | | | Yes / No *(delete as applicable)* |
| Give examples of the Company’s larger customers | | |  |
| Fully describe products with particular attention to any North American exposure:- | | |  |
|  | | | |
| Limits of Indemnity | | | |
| Public Liability | | | £ *any one loss* |
| Products Liability | | | £ *aggregate* |
| Turnover split by territory | | Turnover Split % | |
| UK | £ | Retail | % |
| EU | £ | Manufacture | % |
| North America | £ | Installation | % |
| Rest of World | £ |  |  |
| Extensions (Optional dependent on trade) | | | |
| Financial Loss | | | £ |
| Efficacy | | | £ |
| Product Recall / Guarantee | | | £ |
| Libel & Slander | | | £ |
| Is Professional Indemnity in place / needed | | | Yes / No *(delete as applicable)* |
| Excess Applicable: | | | £ |

|  |  |  |
| --- | --- | --- |
| Goods in transit | | |
| Cover | All Risks | |
| Type of goods |  | |
| Packaging used (describe) |  | |
| Territorial Limits | UK: Yes / No | UK & Europe: Yes / No |
| Annual Carryings | Own Vehicles  Hauliers  Post | £  £  £ |
| Number & type of own vehicles |  | |
| Sums insured / limits | Maximum any one consignment  Tools | £  £ |
| Haulage company used |  | |
| Optional Extensions: | Overnight risks on vehicles in the open  Samples carried by commercial travellers  Property on approval whilst at a third party’s premises  Property on demonstration at a third party’s premises  Exhibitions  Livestock  Goods sent to outworkers  Expenses involved in debris removal, reloading and re-securing, carrying to original destination  Tarpaulins, sheets, trailer curtains, etc.  Temporary vehicle substitution  Returned goods  Automatic reinstatement of sums insured  Declaration basis. | Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)* |
| Excess Applicable: | | £ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Engineering | | | |  | | | |
| Plant inspection | | | | Yes / No *(delete as applicable)* | | | |
| Insurance  If YES tick the appropriate cover required: Specified machinery □ All machinery □ | | | | Yes / No *(delete as applicable)* | | | |
| Sum insured | | | | £ | | | |
| If specified machinery, list plant items below (I = Inspection only; BE = Breakdown & explosion; SUD = Sudden & unforeseen damage) | | | | | | | |
| Location | Description of equipment | Geographical limit | | Cover | Replacement cost | | |
|  |  |  | |  | £ | | |
|  |  |  | |  | £ | | |
|  |  |  | |  | £ | | |
|  |  |  | |  | £ | | |
|  |  |  | |  | £ | | |
| Excess applicable | | | | £ | | | |
| Money | | | | | |
| Sums insured  Non-negotiables   1. In transit in custody of Insured 2. In transit in the custody of a security company 3. In transit by post   On premises during business hours  On premises outside business hours   1. Contained in a locked safe 2. Not in a locked safe   At private dwelling  On contract sites  In bank night safe | | | £  £  £  £  £  £  £  £  £  £  £ | | | |
| Safe: Make  Model  Description  How secured? | | |  | | | |
| Annual cash carryings: Own carrying  By security company | | | £  £ | | | |
| P.A. Assault : Capital sums  Weekly benefit | | | £  £ | | | |
| Additional Notes | | | | | |
| Optional Extensions Money in vending machines  Total amount of risk | | | £  £ | | |
| Replacement keys and locks | | | £ | | |
| Declaration Basis | | | £ | | |
| Excess Applicable: | | | £ | | |

# Compliance Check List

|  |  |  |  |
| --- | --- | --- | --- |
| **Covers Available** | **In Force (Yes/No)** | **Discussed (Yes/No)** | **Quote Required (Yes/No)** |
| Material Damage |  |  |  |
| Business Interruption |  |  |  |
| Terrorism |  |  |  |
| Public Liability |  |  |  |
| Product Liability |  |  |  |
| Excess Liability |  |  |  |
| Financial Loss |  |  |  |
| Employers Liability |  |  |  |
| Excess EL |  |  |  |
| Contractors All Risk |  |  |  |
| Money |  |  |  |
| Goods In Transit |  |  |  |
| Computer |  |  |  |
| Engineering |  |  |  |
| Marine |  |  |  |
| Glass |  |  |  |
| Frozen Food |  |  |  |
| Loss of License |  |  |  |
| Personal Accident |  |  |  |
| Business Travel |  |  |  |
| Directors & Officers |  |  |  |
| Professional Indemnity |  |  |  |
| Cyber Liability |  |  |  |
| Legal Expenses |  |  |  |
| Employment Practices Liability |  |  |  |
| Medical Malpractice |  |  |  |
| Motor Fleet |  |  |  |
| Motor Legal Expenses |  |  |  |
| Fidelity Guarantee |  |  |  |
| Credit Protection |  |  |  |
| Performance Bonds |  |  |  |
| Products Recall |  |  |  |
| Lottery Win Protection |  |  |  |
| Kidnap and Ransom |  |  |  |
| Private Medical Insurance |  |  |  |
| Personal Insurances |  |  |  |

# Insurance Declaration

##### Insurance History

Have you or any director or partner in the business now proposed or for any previous business ever been insured for the risks now proposed? If yes, please provide details:

|  |
| --- |
|  |
|  |
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|  |
|  |

##### Full names of all directors

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

##### Company registration number:

|  |
| --- |
|  |

##### Previous insurance

For previous insurances have you or any director or partner to be insured had

|  |  |
| --- | --- |
| a) Any proposal or insurance declined, cancelled or refused? | Yes / No |
| b) Any renewal refused | Yes / No |
| c) Special terms or conditions imposed? | Yes / No |

If Yes to a), b) or c) above, please provide details:

|  |
| --- |
|  |
|  |
|  |
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|  |
|  |

##### Claims:

|  |  |
| --- | --- |
| Are the claims details as per the risk presentation (page 1)? | Yes / No |

|  |
| --- |
| If no, please provide details |
|  |
|  |
|  |
|  |
|  |
|  |

##### Financial Statement

Have you or any director or partner in the business or person to be insured:

|  |  |
| --- | --- |
| a) been convicted of or charged (but not yet tried) with a criminal offence? | Yes / No |
| b) either personally or in any business capacity been declared bankrupt insolvent or gone into liquidation? | Yes / No |
| been a director or partner in any business 6 months prior to or at the time of and/or after the appointment of a receiver or liquidator or dissolution through insolvency | Yes / No |

If Yes to a) or b) above, please provide details:

|  |
| --- |
|  |
|  |
|  |
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|  |

|  |
| --- |
| FAIR PRESENTATION It is your statutory duty before entering into a contract of insurance, prior to an alteration and at renewal to make a fair presentation of the risk to be insured and to ensure that information is provided in a clear and accessible format.  Every material circumstance which you, your senior management and those responsible for arranging this insurance, know or ought to know following a reasonable search, should be disclosed.  A circumstance is material if it would influence the judgement of an insurer in deciding whether to take the risk and, if so, on what terms and at what premium. Please ensure that any information provided is correct. Any belief or expectation disclosed should be made in in good faith.  If You are in any doubt as to whether a circumstance is material then You should disclose it and let us decide.  We will expect you to make reasonable enquiries and proactively gather information however, where this is not practical you must make us aware, as your broker, that further enquiries are needed to accurately underwrite the risk.  Any questions put to you in this broking template must be answered honestly, accurately and in good faith. You must check all the information provided in this fact find and if any details are incorrect or incomplete you must advise us immediately.  Failure to make a fair presentation of the risk could affect the extent of cover provided or could invalidate Your policy. |
| Give details of any additional information below that may be of assistance or importance. |
|  |
| Give details below of any areas where additional enquires may be necessary to accurately assess the risk |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Whoever signs this form must be a director, officer, board member or senior manager of the proposer and must have made all the necessary enquiries of their fellow director’s, officers, board members, senior managers, employees and third parties involved with the business to identify and / or verify the information provided in this document as true and accurate. |
| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

**THE LAW APPLICABLE**

You and the Insurers can choose the law which applies to the policy. The Insurers propose that the law of England and Wales apply. Unless you and the Insurers agree otherwise, the Law of England and Wales will apply to the policy.

## Compliance aide-memoire

The information contained in this Risk Presentation has been supplied by

< CUSTOMER NAME >.

of < CUSTOMER’S ADDRESS >.

at the meeting held on < MEETING DATE >.

The details contained herein have been recorded by

< COBRA MEMBER NAME >, a member of COBRA Network Ltd

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Has the prospective client been advised that COBRA Member is an independent intermediary and that as such will act on behalf of the prospective client? |  |  |
| 1. Has the COBRA the member declared that they are Authorised and Regulated by the FCA (Financial Conduct Authority) and as such conforms to FCA Rules & Regulations? |  |  |
| 1. Have the following items been passed to the prospective client?    1. a COBRA Member business card    2. relevant COBRA Member promotional material    3. the COBRA Members Terms of Business? |  |  |
| 1. Has the prospective client been made aware of the importance of the Duty of Fair Presentation and the need to conduct a reasonable search of the information available and the necessity for the prospective client to provide full and accurate details of their risk? |  |  |

NOTE

Please note that a quotation will only be provided where full details are provided under that relevant section. If you are unable to provide full details or leave sections of the broking template blank further enquiries will be necessary to provide a quotation and this may delay the process.

Please delete any cover sections that are not required.