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| --- |
| Broker’s / Agent’s details  |
| Broker 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 |  |
| Website Address |  | PAYE Ref Code (ERN) |  |
| Proposer’s Address |  |
| Address continued |  | Post Code  |  |
| Company Brochure | Attached / unavailable | Accounts | Attached / unavailable |
| Business Description |  |
| Other Companies *Please list all and specify whether dormant, a subsidiary or associated and include any ‘Trading as’ names** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Name (and address if different from above) |  | PAYE Ref Code (ERN) |  |

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| --- |
| 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)* |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |

|  |
| --- |
| Covers Required (Please indicate with X) |
| Property |  |  | Selected All Risks |  |  | Engineering |  |
| Business Interruption |  |  | Employers Liability |  |  | Legal Expenses |  |
| Goods in Transit |  |  | Public & Products Liability |  |  | Terrorism |  |
| Loss of Money |  |  | Contractors All Risks |  |  | Theft by Employee |  |
| Deterioration of Stock (Frozen Food) |  |  | Loss of Licence |  |  | Computer All Risks |  |

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| Risk Management |
| Have you carried out all the appropriate Health and Safety risk assessments?Are they recorded? | Yes / No *(delete as applicable)*Yes / No *(delete as applicable)* |
| Do you have a written employee training programme and do you maintain records? | Yes / No *(delete as applicable)* |
| Is the business ISO accredited? | Yes / No *(delete as applicable)* |
| Do you comply with the Control of Asbestos Regulations 2006 (CAR) and having identified the presence of asbestos and asbestos carrying materials, assessed the potential risks and prepared a management plan?Do your employees carry out any work with asbestos or asbestos carrying materials | Yes / No *(delete as applicable)* Yes / No *(delete as applicable)* |

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| Location 1 Premises Information *( ‘cut and paste’ this section as required for additional locations )* |
| Address |  |
| Address continued |  | Post Code  |  |
| Occupation UseProcesses undertaken Machinery used |  |
| Describe Area |  |
| Construction of building: Walls  Roof Floors Number of Storeys | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| State date of construction of the building |  |
| Is the risk address to be insured occupied solely by you, or occupied by you with remaining parts occupied by others solely as offices or private dwellings? |  Yes / No *(delete as applicable)* |
| Are there any combustible linings/sandwich panels? if yes, give details | Yes / No *(delete as applicable)* |
| Heating Method - Specify if any portable heating |  |
| Does the risk address have a current IEE certificate? |  Yes / No *(delete as applicable)* |
| Specify physical security protection in place i.e. type and location of door locks, window locks, window bars etcDoes the risk address to be insured have an intruder alarm installed by a UKAS accredited installer (e.g. NACOSS / SSAIB)What is the type of signalling (eg bells only, dualcom, RedCARE Classic/ GSM) signalling Is there full police response? Is there 24-hour security or 24-hour occupancy by the Insured? |  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)* Yes / No *(delete as applicable)* |
| Any additional physical security / CCTV? If so, please provide details |  |
| Are fire extinguishers in place? |  Yes / No *(delete as applicable)* |
| State type of any fire alarm eg manual activation, bells only, smoke detection, remote signalling to ARC:State type of any sprinkler installation:State type of any other fire protection? |   |
| Is all machinery subject to a planned and recorded maintenance programme? |  Yes / No *(delete as applicable)* |
| Does any machinery operate whilst the premises are unattended?If Yes, provide details |  Yes / No *(delete as applicable)* |
| Is all waste removed from the premises daily and collected weekly? |  Yes / No *(delete as applicable)* |
| Is any portion of the premises empty or unoccupied? If yes, how long have the premises been unoccupied and what plans are there for re-occupancy?  |  Yes / No *(delete as applicable)* |

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| **Risk details and cover** Correct values at risk must be advised to us. If the sums insured that you require are not adequate, this will result in the amount that your insurers pay you in the event of a claim being reduced. Property | Sums Insured |
| Buildings Is subsidence required? | £Yes / No *(delete as applicable)* |
| Annual Rent | £ |
| No. of Months |  |
| Tenants Improvements | £ |
| Landlords Contents | £ |
| Stock (raw materials, work in progress, finished goods) | £ |
| Customers’ goods | £ |
| Plant, Machinery, Trade fixtures, and all other contents (excluding portable hand tools & electronic business equipment) | £ |
| Portable Hand Tools | £ |
| Electronic business machines, computers and software | £ |
| All other property (please specify)  | £ |
| Deterioration of Stock (Frozen Food) | £ |
| Business Interruption |  |
| Gross Profit / Revenue (for property owners’ rent, choose revenue option)  | £ |
| State indemnity period required (12 / 24 / 36 months) |  months |
| **Accounts Receivable** |  |
| Outstanding debit balances | £ |

|  |  |
| --- | --- |
| Money | Limit |
| Limit on premises at risk address during business hours/bank night safe/in transit | £ |
| Safe details: |  | £ |
| Safe details: |  | £ |
| Safe details: |  | £ |
| Own Goods in Transit | Sum Insured |
| State the number of vehicles operated |  |
| Sum insured per vehicle | £ |
| Tools (sum insured per vehicle) | £ |
| Own goods by carriers (estimated annual value) | £ |
| Own goods by carriers (limit any one consignment) | £ |
| Specified All Risks |  |
| Description of item(s) | State location(premises, UK, EU, Worldwide) | Sum Insured |
| 1  |  | £ |
| 2  |  | £ |
| 3  |  | £ |
| 4  |  | £ |
| Engineering |  |
| Plant inspection | Yes / No *(delete as applicable)* |
| InsuranceIf 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 | £ |

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| --- | --- |
| **Commercial Legal Expenses** |  |
| Basic cover – Prosecution defence cover subject to £100,000 limit | Yes / No  |
| Specify extensions / increased limits required: |  |
| **Employers’ Liability** |
| Annual payroll and salaries for: | Amount |
| Clerical staff, commercial travellers and managerial employees | £ |
| Wood working machinists | £ |
| All other manual employees (excluding those detailed below) | £ |
| Manual work away from premises, including labour-only sub-contractors | £ |
| Public and Products Liability | Sum Insured |
| State Limit of Indemnity required  | £ |
| State business turnover | £ |
| Do your employees or labour only sub-contractors undertake manual work away other than collection or delivery?If yes:  Does work away include the use of heat?  If yes, does the heat work away include the use of:Oxy-acetylene or a similar welding/cutting plantBlow lamps/blow torchesHot bitumenOther (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Annual wages for work away (direct employees and labour only sub-contractors)Excluding the use of heatIncluding the use of heatDo you work at height exceeding 10m or undertake excavation work below 1m?Does the work away involve:Installation/Removal?Service/repair/maintenance?Work on/in hazardous premises i.e. any work in or on railways railway installations watercraft blast furnaces chimney shafts collieries dams gas works mines power stations steeples towers tunnels bridges canals docks piers wharves viaducts quarries chemical works oil refineries or fuel depots Do you use bona fide sub-contractors?If yes, state annual payments  | 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)*£  |
| Number of premises; or for clubs, dance groups, drama groups; number of members |  |
| Do you export to North America?If yes: Turnover for North American exports during last 12 months Estimated turnover for North American exports for next 12 months Do you have any “hold harmless” or other agreements with North American customers, suppliers or sellers?Do you have a parent or subsidiary company, branch premises, resident employee, representative or holder of your power of attorney in North America? | Yes / No *(delete as applicable)*£ £ Yes / No *(delete as applicable)*Yes / No *(delete as applicable)* |

|  |  |
| --- | --- |
| Do you conduct batch testing of productsand do you record the resultsIs there a product recall plan in place | Yes / No *(delete as applicable)*Yes / No *(delete as applicable)*Yes / No *(delete as applicable)* |
| Do you import goods or components from Asia?If yes: Turnover derived from products or goods containing components from China Turnover derived from products or goods containing components from rest of AsiaDo you subcontract or outsource to a manufacturing/processing facility in Asia?If yes please provide details below | Yes / No *(delete as applicable)*£ £ Yes / No *(delete as applicable)* |
| Are any of the products you manufacture or supply used in the following industries:Petrochemical, Oil, Gas, Nuclear, Pharmaceutical, Aviation, Marine, Automotive | Yes / No *(delete as applicable)* |
| Please describe your products, including the use to which they are put and the environment they are likely to be used in: |
|     |
| Contractors All Risks |
| **Cover** | **All risks** |
| Maximum contract value | £ |
| Maximum value of temporary buildings | £ |
| Maximum value of own plant, machinery and equipment | £ |
| Annual hire charges for plant hired IN | £ |
| Annual hire charges for plant hired OUT | £ |
| Please provide details of plant hired In / Out    |
| Is Plant hired IN under CPA conditions of hire, or similar | Yes / No |
| Is Plant hired OUT under CPA conditions of hire, or similar | Yes / No |
| Are larger items of plant fitted with:  |  |
| Tracker/Telematic devices? | Yes / No |
| Immobilisers? | Yes / No |
| Plant Recovery/Tagging Systems? | Yes / No |
| Is plant registered with The Equipment Register | Yes / No |
| Provide details of the 3 largest contracts you have undertaken in the past 5 years | State value |
| Contract 1 Contract 2 Contract 3  | £££ |
| Please give details of any regular or ongoing contracts | Value |
| Contract 1 Contract 2 Contract 3  | £££ |
| Computer All Risks |  |
| Description of item(s) | State location (premises, UK, EU, Worldwide) | Sum Insured |
|  1 Fixed Computer Equipment |  | £ |
|  2 Portable Computer Equipment |  | £ |
|  3 Increase in Cost of Working |  | £ |
|  4 Reinstatement of Data |  | £ |
|  5 Reinstatement of Programs |  | £ |
|  6 Specified Equipment |  | £ |
|  7 Specified Equipment |  | £ |
|  8 Specified Equipment |  | £ |
|  9 Specified Equipment |  | £ |
| 10 Specified Equipment |  | £ |
| Are your computers the subject of a maintenance contract? | Yes / No |
| Specify increased limit if required: | £ |
| Is all equipment to be insured of standard manufacture and design and not built or modified for your particular requirements | Yes / No |
| Reinstatement of Data or Programs Do you maintain a backup copy of the current version away from the premises? Do you maintain a weekly full system backup of Data away from the premises? | Yes / No Yes / No |
| Theft by Employee |
| Basic Cover subject to £10,000 limit any one period of insurance | Yes / No |
| Specify increased limit if required: | £ |
| Are your accounts independently audited every 12 months by external auditors and any recommendations on internal controls implemented | Yes / No |
| Do you operate a system of dual control and independent validation for all payments from your bank accounts, including the drawing and signing of cheques and the use of electronic funds transfersDo you operate a system of dual control over the opening of new bank accounts or amending approved signatory detailsAre bank statements reconciled at least monthly independently of employees permitted to receive or make payments, draw or sign cheques or transfer funds electronically | Yes / No Yes / NoYes / No |
| Is cash in hand and petty cash checked independently of employees responsible for receiving or holding the cash at least monthly | Yes / No  |
| Do all computer system users have a unique password in order to access, update or amend your computer systems and programmesAre all amendments to computer system programmes and authorisation levels approved independently of the persons making the amendmentAre all passwords withdrawn whenever an employee leaves | Yes / No Yes / No Yes / No  |
| Is any employee able to control the process of appointing suppliers and/or awarding contracts from the commencement to completion without referral to othersIs responsibility for ordering stock and materials, the recording of receipt of and the authorising of payment for them performed by different employees acting independently | Yes / No Yes / No |
| Do you confirm that all employees who will have responsibility for money, goods, accounts or computer programming have satisfactory previous references and are suitable for the position to be held including- References from the previous employer for new employees- Character references where employees have not been in continuous full time employment  for the previous 2 years | Yes / No |
| Are wages/salaries independently checked against personnel records for fictitious names or any unusual or excessive payments | Yes / No |
| Are statements of account for all sums due issued at least monthly and direct to customers independently of employees receiving paymentsAre management actions taken at least monthly to examine sales receipts and outstanding customer accounts and any variances against budget or expected income investigated | Yes / No Yes / No |
| Is stock independently and physically checked at least once every 12 months by an employee not responsible for daily stock handling or ordering and accounted for against stock records | Yes / No |

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| --- | --- |
| Other relevant information |  |
| Please detail any other relevant information below |
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| PREVIOUS INSURANCE |
| Has any insurer in respect of the business to which this insurance would relate, or any other business that you are proposing for insurance, its subsidiary companies, or a business that its partners or directors have been involved with,: |
| a) declined or refused insurance cover or declared cover void? | Yes / No *(delete as applicable)* |
| b) refused to renew or cancelled any insurance for reasons other than non-payment of  premium? | Yes / No *(delete as applicable)* |
| c) imposed any special terms or conditions? | Yes / No *(delete as applicable)* |
| If Yes to a), b) or c) above, please provide details: |
|       |
| FINANCIAL STATEMENT |
| Have you or any partner, any director or any other person who plays a significant role in managing or organising the business activities, either personally or in any business capacity: |
| a) been convicted of a criminal offence or charged (but not yet tried) with a criminal offence, other than motoring offences and/or convictions spent under the terms of the Rehabilitation of Offenders Act 1974 or any subsequent amendments to the Act | Yes / No *(delete as applicable)* |
| In the last 5 years have you or any partner, any director or any other person who plays a significant role in managing or organising the business activities, either personally or in any business capacity been: |
| b) declared bankrupt, been the subject of any bankruptcy proceedings or any form of  insolvency or winding up procedures (including administrative receivership) | Yes / No *(delete as applicable)* |
| c) the subject of a recovery action by HM Revenue & Customs | Yes / No *(delete as applicable)* |
| d) prosecuted, served prohibition or served an improvement order or notice under Health and Safety legislation or Environmental Protection legislation | Yes / No *(delete as applicable)* |
| e) disqualified from being a company director | Yes / No *(delete as applicable)* |
| f) the subject of a County Court or High Court judgement | Yes / No *(delete as applicable)* |
| g) director of a company that has received a County Court or High Court judgement against it | Yes / No *(delete as applicable)* |
| If Yes to a), b), c), d), e), f) or g) above, please provide details: |
|          |

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| --- |
| FAIR PRESENTATIONIt 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: |
|            |
| Give details below of any areas where additional enquires may be necessary to accurately assess the risk |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 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 directors, 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 |
| Has the prospective client been advised that the COBRA Member is acting as an agent on the prospective client’s behalf? |  |  |
| Has the COBRA the member declared that they are Authorised and Regulated by the Financial Conduct Authority (FCA) and as such conforms to FCA Rules & Regulations? |  |  |
| Have the following items been passed to the prospective client?* a COBRA Member business card
* relevant COBRA Member promotional material
* the COBRA Members Terms of Business?
 |  |  |
| 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.