|  |  |  |  |
| --- | --- | --- | --- |
| 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 | | | |
| Company name |  | Co. Registration no. |  |
| Address |  | | |
| Address continued |  | Town/City |  |
| County |  | Postcode |  |
| Business description |  | Year established |  |
| Other companies *(specify whether dormant, a subsidiary or associated and include any ‘Trading as’ names)* | | | |

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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* |
|  |  | £  *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* |

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| --- | --- |
| Risk Profile | |
| How many vehicles are to be insured (maximum 5) |  |
| UK CMR turnover | £ |
| Total annual turnover | £ |
| Annual payments to sub-contractors | £ |
| Are any of these hazardous goods carried? (Tick all that apply) | Wines / beer / spirits □  Tobacco products □  Electrical equipment □  Computer equipment / accessories □  Mobile phones / accessories □  Bulk liquids / chemicals □  Clothing / leather goods □ |
| If ticked, state the maximum value carried and the percentage of overall haulage charges | Wines / beer / spirits £ %  Tobacco products £ %  Electrical equipment £ %  Computer equipment £ %  Mobile phones / access. £ %  Bulk liquids / chemicals £ %  Clothing / leather goods £ % |
| Number of trailers operated by insured |  |
| Maximum carrying capacity of any one vehicle (tonnes) |  |
| State the registration number of each vehicle | 1)  2)  3)  4 )  5) |
| State sum insured to apply to each vehicle | 1) £  2) £  3) £  4) £  5) £ |
| Is transit cover to be restricted to an RHA basis? | Yes / No *(delete as applicable)* |
| If cover is required for European CMR, state annual haulage charges: | £ |
| If cover is required for deterioration of stack for temperature controlled traffic, state annual haulage charges for this traffic: | £ |
| If loss of use cover is required, state weekly limit: | £ |

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| --- | --- |
| Vehicle security | |
| State alarm type fitted: |  |
| Has a tracking device has been fitted? If yes, state type: | Yes / No *(delete as applicable)* |
| Have kingpin locks have been fitted? If yes, state type: | Yes / No *(delete as applicable)* |

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| --- | --- |
| 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 | £ |
| Total number of employees:- |  |

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

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| Public Liability | | | |
| Do you use heat away from the premises (if yes, please describe fully in notes below) | | | Yes / No *(delete as applicable)* |
| Is the client aware of the terms of the standard heat precaution warranty | | | Yes / No *(delete as applicable)* |
| Do you design or manufacture any goods? | | | Yes / No *(delete as applicable)* |
| Do you export any goods? | | | Yes / No *(delete as applicable)* |
| If you are involved in grey imports, will such vehicles undergo Single Vehicle Approval (SVA) | | | Yes / No *(delete as applicable)* |
| Which SVA do you use? | | | 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)* |
| Notes | | | |
| Products Liability | | | |
| Are the products you supply 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 | | |  |
| 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 | £ | Own goods | £ |
| EU | £ | Haulage | £ |
| North America | £ | Warehousing | £ |
| Rest of World | £ | Other, provide details below | £ |

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| Additional notes |
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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 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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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 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 Financial Conduct Authority (FCA) 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.