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| 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 |  |
| Proposer’s Address |  |
| Address continued |  | Town/City |  |
| County |  | Post Code  |  |
| Business Description |  |
| 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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| --- | --- |
| **Description** | **Details** |
| Buildings Sum Insured (if cover required) | £ |
| Is accidental damage required? | Yes / No *(delete as applicable)* |
| Business Contents Sum Insured  | £ |
| Are premises in a Neighbourhood Watch Area? | Yes / No *(delete as applicable)* |
| If personal possessions cover required, please state limit: | £ |
| Do premises have a NACOSS Approved intruder alarm? Please state signalling method | Yes / No *(delete as applicable)* |
| Home Contents Cover  | £ |
| Number of Bedrooms |  |
| Is accidental damage cover required | Yes / No *(delete as applicable)* |
| Valuables: please state description and sums insured |  |
| Business Interruption: Gross profit/Gross revenue/Gross fees *(delete as applicable)* | £  |
| Indemnity Period |  Months |
| Accounts Receivable:  | £ |
| Freezer Contents Amount: | £ |
| Goods In Transit Amount: | £ |
| Public Liability: state limit of indemnity | £ |
| If mobile telephone cover required, state number of phones: |  |
| If Hairdressers Liability cover required, please state number of operatives and the treatments undertaken: |  |
| If Business All Risks cover is required, state description and sum insured: | 1) Sum Insured £2) Sum Insured £ |
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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 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**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

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| --- | --- | --- |
|  | 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.