|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |  | Website 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)* | | | | |
| 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* | |

|  |
| --- |
| Description of insured goods     Method of packing |

|  |  |
| --- | --- |
| Voyages | |
| United Kingdom to and/or from places worldwide including whilst in store at the premises of the insured. | Yes / No *(delete as applicable)* |
| Including distribution risks within the United Kingdom | Yes / No *(delete as applicable)* |
| Including samples in representatives’ vehicles | Yes / No *(delete as applicable)* |

|  |  |
| --- | --- |
| Method of conveyance | |
| Approved power vessel (as per Institute Classification Clause) | Yes / No *(delete as applicable)* |
| Airfreight | Yes / No *(delete as applicable)* |
| Rail | Yes / No *(delete as applicable)* |
| Road vehicles operated by third parties | Yes / No *(delete as applicable)* |
| Road vehicles operated by the Insured |  |

|  |  |
| --- | --- |
| Conditions of road carrier | |
| Please specify conditions of carriage used:  RHA (which year / edition / value per tonne)  CMR (which year / edition / value per tonne) |  |

|  |  |
| --- | --- |
| Maximum value of per tonne of the insured goods | £ |

|  |  |
| --- | --- |
| Limit any one vessel, aircraft or conveyance | £ |
| Limit any one location in the ordinary course of transit | £ |
| Limit any vehicle owned or operated by the assured | £ |
| Limit any one exhibition risk | £ |
| Limit any one vehicle in respect of – samples | £ |
| Limit any one named storage location | £ |

|  |  |
| --- | --- |
| Inland transits (Purchases/Sales) including goods sold FOB, C&F and/or similar – Invoice cost to buyer | Yes / No *(delete as applicable)* |
| Imports/Exports – Invoice cost plus the charges of insurance and freight plus 10% (CIF + 10%) plus duty if incurred | Yes / No *(delete as applicable)* |
| Returned goods – Market value at time of loss or invoice cost whichever is less unless otherwise declared to and agreed by underwriters prior to known loss, accident or arrival. | Yes / No *(delete as applicable)* |
| *NOTE: Excludes on deck shipments unless containerised and conveyed by purpose built container vessels.* | |

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| Declaration |
| A declaration on the turnover amount to be forwarded to underwriters on an annual basis. |
| Standard Conditions |
| Institute Cargo Clauses (A), Institute Cargo Clauses (AIR), Institute Classification Clause, Institute War Clauses (CARGO),Institute War Clauses (AIR CARGO), Institute War Clauses (Sendings by Post), Institute Strikes Clauses (CARGO), Institute Strikes Clauses (AIR CARGO) |
| Exclusions |
| Excluding bruising, scratching, chipping, denting and claims for repainting on unpacked unprotected or crated items.  Excluding rust, oxidization and discolouration on unpacked, unprotected or crated items.  Excluding mechanical and/or electrical and/or electro magnetic derangement unless caused by a risk insured against.  Institute Extended Radioactive Contamination Exclusion Clause |

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| --- | --- |
| Deductible | £ |

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| --- | --- | --- | --- |
| Insurance Covers 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

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##### Company registration number:

|  |
| --- |
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##### 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 |

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| --- |
| If no, please provide details |
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##### Financial Statement

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

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| --- | --- |
| 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 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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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.