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| --- | --- | --- | --- |
| COBRA Member’s details | | | |
| Broker name |  | Contact name |  |
| Broker address |  | | |
| Telephone number |  | Fax number |  |
| Email address |  | Date submitted |  |

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| Proposer’s/Insured’s details | | | |
| Company Name |  | PAYE Ref Code (ERN) |  |
| Address |  | Website address |  |
| Address continued |  | Town/City |  |
| County |  | Postcode |  |
| RMIF membership number (if applicable) |  | Number of years trading |  |
| Other Companies  *Please list all and specify whether dormant, a subsidiary or associated and include any ‘Trading as’ names* | | | |
| Name (and address if different from above) |  | PAYE Ref Code (ERN) |  |
| Name (and address if different from above) |  | PAYE Ref Code (ERN) |  |

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| --- | --- | --- | --- |
| Current Policy | | | |
| Renewal date |  | Deadline date |  |
| Holding agent |  | Last year’s premium | £ |
| Holding insurer |  | Target premium | £ |

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| Full Business Description (include all activities eg paint spraying, windscreen fitting, valeting, vehicle storage, recovery, MOT, auto electrics and types of vehicles, LPG conversion) |

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| History | |
| Has any insurer ever declined to insure the Proposer? | Yes □ / No □ |
| Has any insurer cancelled or declined to renew any insurances held by the Proposer? | Yes □ / No □ |
| Has any insurer imposed any special terms? | Yes □ / No □ |
| If yes to any of the above, provide full details: | |
| Has the Proposer or any director or partner ever been   1. Convicted of or charged (but not yet tried) with any criminal offence other than motor driving offences? (Note: Convictions spent under the terms of Rehabilitation of Offenders Act 1974 or any subsequent amendments thereto, should not be disclosed. 2. Declared bankrupt or insolvent? 3. A director or partner of a company that went into liquidation or was dissolved? 4. Prosecuted for a breach of any statue relating to Health & Safety of employees or others? 5. Served with a Prohibition Notice under the Health & Safety Act? | Yes □ / No □  Yes □ / No □  Yes □ / No □  Yes □ / No □  Yes □ / No □ |
| If yes to any of the above, provide full details: | |

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| Authenticated 3 year claims experience attached | Yes / No *(delete as applicable)* |

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| **Claim details** (Provide details of all claims occurring in the last 3 years) | | | | | | |
| Date | Road Risk Claim Y/N | Details | Amount Paid | | Amount Outstanding | |
|  |  |  | Own | Third party | Own | Third party |
|  |  |  | £ | £ | £ | £ |
|  |  |  | £ | £ | £ | £ |
|  |  |  | £ | £ | £ | £ |
|  |  |  | £ | £ | £ | £ |
|  |  |  | £ | £ | £ | £ |

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| Covers Required (Please indicate with X) |

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| Material Damage  (Compulsory) | **X** | Public and Products Liability (Compulsory) | **X** | Terrorism |  |
| Motor Vehicle – Road Risks (Compulsory) | **X** | Employers Liability |  | Personal Accident |  |
| Self Drive Vehicle Hire |  | Business Interruption |  | Commercial Legal Expenses |  |
| MOT – Loss of Licence |  | Conversion |  | Directors and Officers |  |
| Engineering |  | Fidelity Guarantee |  | Goods in Transit |  |
| Money |  |  |  |  |  |

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| Material Damage (Compulsory) - Fire and Perils/Theft & Accidental Damage | | | | |
| Location 1 Premises Information *( ‘cut and paste’ this section as required for additional locations )* | | | | |
| Address |  | | | |
| Address continued |  | Town/City | |  |
| County |  | Post Code | |  |
| Describe Area |  | | | |
| Give details of the adjacent premises / businesses |  | | | |
| Description of use (workshop, offices, vehicle sales, fuel station, storage of parts, paint spraying etc) | | |  | |
| Construction of building: Walls  Roof  Floors | | |  | |
| 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 □ | |
| Are the buildings:-  Detached buildings in single occupation with a minimum of 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 □  Yes □ / No □  Yes □ / No □  Yes □ / No □  *)* | |
| Are there any combustible linings/sandwich panels? if yes, give details | | | Yes □ / No □ | |
| Heating Method - Specify if any portable heating | | |  | |
| Does the risk address have a current IEE certificate? | | | Yes □ / No □ | |
| Specify physical security protection in place i.e. type and location of door locks, window locks, window bars etc…..  Does the risk address to be insured have an intruder alarm installed by a UKAS accredited installer (e.g. NACOSS / SSAIB)  If Yes, please state signalling (eg RedCARE, Digicom) and level of police response  Have 24-hour security or 24-hour occupancy by the Insured? | | | Yes □ / No □  Yes □ / No □ | |
| How many false alarms have there been in the last 12 months | | |  | |
| Specify any additional physical security eg CCTV, Snap-On tool boxes bolted to wall, perimeter fencing: | | |  | |
| Is there any Spraying?  Is there an LPC Approved Spray Booth? | | | Yes □ / No □  Yes □ / No □ | |
| Are vehicle keys kept in a locked key cabinet?  Is the cabinet contained in a separate locked room? | | | Yes □ / No □  Yes □ / No □ | |
| Details of any fire protection:  Is the premise fitted with Automatic heat / smoke detectors and signalling | | |  | |
| What edition does the sprinkler installation conform to | | |  | |
| Nearest Fire Brigade | | |  | |
| Is all machinery subject to a planned and recorded maintenance programme? | | | Yes □ / No □ | |
| Is all waste removed from the premises daily and collected weekly? | | | Yes □ / No □ | |
| Where is smoking permitted? | | |  | |
| Details of housekeeping/management  (e.g. services provided, frequency of maintenance, etc.) | | |  | |
| 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 □ | |
| How are Vehicles secured outside business hours:  Are Rhino posts in use to secure exit/access  Are vehicles protected by wheel clamps  Is security lighting in place  Details of any other means: | | | Yes □ / No □  Yes □ / No □  Yes □ / No □ | |

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| Business profile | |
| Are you a member of any recognised organisation such as RMI / RMA? | Yes / No *(delete as applicable)* |
| If yes, state membership number’ |  |
| Business speciality | |
| State percentage split between  motor cars  light goods vehicles  heavy goods vehicles  motorcycles  buses, coaches and other vehicles designed to carry over 8 people  agricultural vehicles & mobile plant  Other – please specify | %  %  %  %  %  % |
| Are vehicles sold | Yes / No *(delete as applicable)* |
| State any dealerships held |  |
| Does the value of any vehicle owned or used in the business exceed £100,000  If YES please give details: | Yes / No *(delete as applicable)* |
| Do you import or sell vehicles that have not been type approved to British or European Standards (Grey Imports).  If YES please give details: | Yes / No *(delete as applicable)* |
| Do you carry out work away from your premises other than vehicle recovery or delivery? If yes, please give details: | Yes / No *(delete as applicable)* |

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| Property to be insured | Sums Insured |
| Buildings (including glass) Is subsidence cover required Yes □ / No □ | £ |
| Tenants improvements | £ |
| Stock in Trade: Cigarettes/Tobacco  Wines/Spirits  CDs/DVDs  Audio/Satellite Navigation Equipment/Car Alarms  Other stock (excluding vehicles) | £  £  £  £  £ |
| Proposer’s vehicles (maximum value in total including own vehicles, those for sale or on consignment on the Insured’s premises including forecourts, compounds or yard at any one time) | £ |
| Machinery plant fixtures / fittings / contents | £ |
| Portable hand tools | £ |
| Electronic business machines (including computer equipment and diagnostic equipment) | £ |
| Customers’ goods | £ |
| Customers’ vehicles (maximum value of all customers’ vehicles kept on the Insured’s business premises including forecourts, compounds or yard at any one time) | £ |
| Percentage of vehicles kept overnight | % |
| Locked and secure building | % |
| Locked and secured compound or yard | % |
| Elsewhere in the open | % |

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| Motor Vehicle Road Risks (Compulsory – other than Fuel Stations) | |
| Cover required (mark box with X)  Comprehensive  Third party fire & theft  Third party only | □  □  Not Available |
| Demonstration cover required? | Accompanied : Yes □ / No □  Unaccompanied: Yes □ / No □ |
| Loan or Hire cover (provision of a courtesy vehicle whilst the customers’ vehicle is in for repair) required? | Yes □ / No □ |
| Number of courtesy vehicles: **full** cover |  |
| Number of courtesy vehicles: **contingency** cover (where documented evidence has been retained that the customers’ own vehicle insurance extends to cover the courtesy vehicle whilst out on loan/hire) |  |
| Maximum value of any one vehicle (Insured’s Vehicle & Customer’s Vehicle) | £ |
| Number of Trade Plates held: |  |
| Answer Yes if you regularly handle vehicles, which are:  Sports or high performance  Veteran or vintage  Value exceeding £30,000  Agricultural / contract plant  HGV / PSV | Yes □ / No □  Yes □ / No □  Yes □ / No □  Yes □ / No □  Yes □ / No □ |
| If Yes, please provide details (including the percentage of your turnover attributable to these vehicles, type of work undertaken on them, sales only etc) | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| Details of vehicles owned or leased | | | | | | |
| Make | Model | Registration | Business use | SD&P use | Engine size | Value |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  | £ |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  | £ |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  | £ |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  | £ |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  | £ |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  | £ |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  | £ |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  | £ |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  | £ |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  | £ |

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| Has any vehicle been tuned or modified to increase its performance? | Yes □ / No □ |
| If Yes, please provide details | |
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| **Driver details** | | | | | |
| Name | Age | Occupation | Business use | SD&P | SD&P vehicles |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  |
|  |  |  | Yes □ / No □ | Yes □ / No □ |  |

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| Will vehicles be driven by anybody who has a physical infirmity or mental defect? If yes, give details below including terms or restrictions imposed on the licence by the DVLA. | | | | Yes □ / No □ |
| Will vehicles be driven by anybody who has any convictions within past 5 years or has any convictions pending? | | | | Yes □ / No □ |
| Road traffic offences/health | | | | |
| Name | Age | Date | Penalty or disability | Circumstances |
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| Other details if appropriate | | | | |

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| --- | --- | --- |
| Number of years No Claim Discount (if NCB rated policy) |  | |
| The Fourth EU Motor Insurance Directive THE FOURTH EU MOTOR INSURANCE DIRECTIVE IS DESIGNED TO IMPROVE THE CLAIMS PROCESS FOR EU CITIZENS WHO ARE INVOLVED IN MOTOR ACCIDENTS IN OTHER EU MEMBER COUNTRIES. THE PRINCIPLE REQUIREMENT IS THAT A CLAIMANT SHOULD BE ABLE TO IDENTIFY THE RELEVANT INSURER FROM THE VEHICLE REGISTRATION MARK.  THIS MAY ALSO HELP COMBAT UNINSURED DRIVING. IN THE UK THIS LEGISLATIVE REQUIREMENT IS MET BY THE MOTOR INSURANCE DATABASE (MID), WHICH HAS BEEN DESIGNED TO PROVIDE A RECORD OF ALL INSURED MOTOR VEHICLES REGISTERED FOR USE ON THE ROAD. | | |
| Do you currently comply with the present UK legislative requirements in respect of supplying vehicle data? | | Yes □ / No □ |
| If No, provide details | | |
|  | | |

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| YOUR INSURERS REQUIRE ANY ADDITIONS OR VEHICLE CHANGES (THOSE LICENSED FOR ROAD USE & HELD FOR 15 DAYS OR MORE) TO BE NOTIFIED WITHIN 5 WORKING DAYS OF ANY CHANGES TAKING PLACE. VARIOUS NOTIFICATION METHODS ARE AVAILABLE. PLEASE INDICATE YOUR PREFERRED METHOD FROM THE CHOICES BELOW: | | |
| Submissions of vehicle details via Allianz Insurance plc or your insurance broker   1. Insurers website (preferred method) 2. Fax 3. Post 4. E-mail   Or, submissions of vehicle information directly to the MID by  e) Manual entry   1. Attended file transfer protocol 2. Unattended file transfer protocol | | □  □  □  □  □  □  □ |
| Please also provide: Contact Name  Contact Telephone No.  Contact Email Address |  | |

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| Money | |
| Money limits required: at premises during business hours or in transit or in a bank night safe  locked in safe at business premises  not inside safe outside business hours  Unused tax discs during business hours  Unused tax discs in locked safe outside business hours | £  £  £  £  £ |
| Details of safe (if limit over £500): Make  Model  Description  How secured |  |

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| Business Interruption | | | |
| Gross Profit sum insured | | £ | |
| Maximum Indemnity period (12/18/24/36 months) | | months | |
| Increased Cost of Working sum insured | | £ | |
| Standard limit for Book Debts is £25,000 – state if increased limit required | | £ | |
| Loss of rent (ask insured to check covenants within their lease) | £ | |
| Indemnity period (months) |  | |
| Book debts | £ | |
| Declaration basis | Yes / No *(delete as applicable)* | |

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| Extensions | |
| Denial of access and / or egress (due to damage in the vicinity) | Yes / No *(delete as applicable)* |
| Customers extension (obtain a copy of the Company’s last audited accounts) | Yes / No *(delete as applicable)* |
| Suppliers extension (obtain a copy of the Company’s last audited accounts) | 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)* |

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| Employers Liability | |
| Estimated annual payroll and salaries for : | |
| Clerical, sales and managerial employees who do not engage in manual labour | £ |
| Woodworking, power press, guillotine and sheet metal machinery operators and helpers | £ |
| Breakdown and recovery operators | £ |
| All other manual employees (inc mechanical/driving/electrical/paint spraying/body repairs etc) | £ |
| Total number of employees |  |

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

|  |  |
| --- | --- |
| Public/Products Liability (Compulsory) | |
| State Limit of Indemnity if other than £2,000,000 as standard | £ |
| Advise estimated annual turnover split between:  Vehicle sales (new & used) including trailers and the like  Fuel / oil and sundries  Work involving heat away from your premises  Breakdown and recovery operations  All other business (inc service/MOT/mechanical/auto electrical & body repairs) | £  £  £  £  £ |
| Does Proposer design or manufacture goods? | Yes □ / No □ |
| Does Proposer export any goods? | Yes □ / No □ |
| Does Proposer undertake manual work in foreign countries? | Yes □ / No □ |
| Does Proposer import any goods, including ‘grey’ imports?  If yes, will all such imports have Single Vehicle Approval (SVA) | Yes □ / No □  Yes □ / No □ |
| If yes to any of the above then pleased provide full details: | |
| Is cover for Rectification required (RMIF members only) | Yes □ / No □ |

|  |  |  |
| --- | --- | --- |
| Engineering | | |
| Inspection and Fragmentation | | Yes □ / No □ |
| Breakdown  Cost of Hiring/Increased Costs | | Yes □ / No □  Yes □ / No □ |
| Number of items | Description of item | |
|  |  | |
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| --- | --- |
| MOT – Loss of Licence | |
| Vehicle testing station number |  |
| What was your MOT test fee income over the past 12 months | £ |
| What do you anticipate your annual MOT test fee income will be over the next 12 months | £ |
| State the number MOT bays you operate at the premises |  |
| Approximately how many MOT tests do you carry our annually?  a) For private customers   b) For Motor Trade customers |  |
| Have you ever had or are you currently under threat of, suspension or withdrawal of your MOT testing station licence? If yes please give details below. | Yes □ / No □ |
| Have you or any of your nominated testers received during the last 5 years warning issues under the old vehicle and operators services agency disciplinary system?  If yes please give details of such warnings | Yes □ / No □ |
| Have you or any of your nominated testers received any penalty points issued under the new vehicle and operators services agency disciplinary system?  If yes please give details of such warnings below. | Yes □ / No □ |
| Have you or any of your nominated testers received any formal warnings issued under the new vehicle and operator’s services agency disciplinary system?  If yes please give details of such warnings below. | Yes □ / No □ |
| Have you or any of your nominated testers voluntarily attended the vehicle and operators services agency training courses during the last 5 years? If yes please give details below. | Yes □ / No □ |
| How long have you been conducting MOT tests? |  |
| What are your normal business hours during which MOT tests are carried out?  eg. Monday to Friday, Saturdays & Sundays |  |
| Which indemnity period is required? 12 months or 24 months? |  |
| If yes to any of the above, provide full details: | |

|  |  |  |
| --- | --- | --- |
| Directors and Officers | | |
| What Limit of Liability do you require? (min £100,000- £3,000,000 max) | | £ |
| Are your shares privately held ie. Not publicly traded on any stock exchange?  If No, please give details below | | Yes □ / No □ |
| Have you been in operation for more than 24 months?  If No, please give details below | | Yes □ / No □ |
| Have you acquired any company in the last year which has total assets greater than 50% of your total assets at the time of acquisition?  If Yes, please give details below | | Yes □ / No □ |
| Have you any planned acquisitions in the next 12 months where the company to be acquired has total assets exceeding 50% of your total current assets?  If Yes, please give details below | | Yes □ / No □ |
| Have you previously been insured for Directors and Officers (D&O) cover and has such cover remained in force until the commencement date for this proposal?  If Yes: please state the policy number and name of the insurer  Does this policy have a retro-active date  If Yes, please supply the retro-active date | Yes □ / No □  Yes □ / No □ | |
| Have you reported a profit before tax at the last financial year end?  If No, and the loss has deteriorated over the last two years, please give details below | | Yes □ / No □ |
| Have you had any claims made against any Director or Officer in the past three years?  If Yes, please give details below of any settlement exceeding £1,000 | | Yes □ / No □ |
| Are you aware of any circumstances or incidents in the past three years that could give rise to a claim being made against a Director or Officer whether or not the circumstance or incident has been notified to a D&O insurer?  If Yes, please give full details below | | Yes □ / No □ |
| What was your total annual turnover at the last financial year end? | | £ |
| Do you have any revenue from or subsidiaries in the USA/Canada  If Yes: does the revenue from USA/Canada exceed 15% of total revenue  If Yes, please give details below | | Yes □ / No □  Yes □ / No □ |
| Full Relevant Details: | | |

|  |  |
| --- | --- |
| Fidelity Guarantee | |
| Indicate the guarantee Limit of Indemnity Required: £5,000  £10,000  Other | Yes □  Yes □  £ |
| State total number of persons employed |  |

|  |  |
| --- | --- |
| Do you always obtain a satisfactory written reference in respect of any person employed from such person’s last employer and do you maintain a record of these | Yes / No *(delete as applicable)* |
| Have you appointed a competent person to control accounts and cash? | Yes / No *(delete as applicable)* |
| Are all monies received accounted for and properly recorded at least weekly? | Yes / No *(delete as applicable)* |
| Are all deliveries of stock checked against supplier delivery notes at the time of delivery, and suppliers advised of any discrepancies on the delivery note? | Yes / No *(delete as applicable)* |
| Do you regularly undertake a stock control audit and inventory? | Yes / No *(delete as applicable)* |

|  |  |
| --- | --- |
| Goods in transit | |
| Cover | All Risks |
| Is cover required | Yes / No *(delete as applicable)* |
| Sums insured | |
| Stock in trade (vehicle components, parts, accessories etc. | £ |
| Motor vehicles carried on a vehicle and /or trailer designed for the purpose | £ |
| State   1. Maximum number of vehicles regularly used for transporting stock / equipment 2. Maximum number of vehicles regularly used for transporting vehicles |  |
| Do you operate a recovery service? | Yes / No *(delete as applicable)* |
| Do you deliver or collect new or second-hand vehicles by transporters?  If the answer is yes, to 4 or 5 above please provide detail below | Yes / No *(delete as applicable)* |
| Do you engage in transits outside the UK (If yes, details below please) |  |
| Do you leave vehicle s loaded overnight in the open?  If yes, then please provide full details of special vehicle immobilisers, anti-theft devices, vehicle alarms etc. below. |  |

|  |  |
| --- | --- |
| Conversion | |
| Are you a subscriber to HPI Ltd or Experian Ltd | Yes □ / No □ |
| Advise Limit required (minimum £5,000, multiples of £5,000 up to a maximum of £25,000) | £ |

|  |  |
| --- | --- |
| Personal Accident | |
| Occupational and Commuting Cover | Yes □ / No □ |
| 24 Hours Cover | Yes □ / No □ |
| Units Required (one unit is Capital Benefits £10,000, TTD £100 per week, TPD £50 per week):  Proprietors, Partners and Directors (maximum 10)  Employees (maximum 4) |  |

|  |  |
| --- | --- |
| Other Relevant Information |  |
| Please detail any other relevant information below | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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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: |
|  |
| 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 |
| 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.