|  |  |  |  |
| --- | --- | --- | --- |
| Broker’s / Agent’s details | | | |
| Broker name |  | Contact name |  |
| Broker address |  | Email 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 |  | Co. Registration no. |  |
| Proposer’s address |  | Website address |  |
| Address continued |  | Town/City |  |
| County |  | Post code |  |
| Business description |  | Year established |  |
| Number of employees |  | Current turnover | £ |
| Company brochures | Attached / unavailable *(delete as applicable)* | Accounts | Attached / unavailable |
| Other companies *(specify whether dormant, a subsidiary or associated and include any ‘Trading as’ names)* | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Covers required *(Please indicate with X)* | | | | | |
| Material Damage |  | Loss of Money |  | Extensions |  |
| Consequential Loss |  | Road Risk |  | Wrongful Conversion |  |
| Employers Liability |  | Engineering |  | Fidelity Guarantee |  |
| Public & Products Liability |  | Computers |  | Loss of MOT Licence |  |
| Goods In Transit |  |  |  |  |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Provide details of SIGNIFICANT claims / LARGE claims occurring in the last 3 years | | | | | |
| Date | Details | Amount paid | | Amount outstanding | |
|  |  | Own | Third party | Own | Third party |
|  |  | £ | £ | £ | £ |
|  |  | £ | £ | £ | £ |
|  |  | £ | £ | £ | £ |

|  |  |  |  |
| --- | --- | --- | --- |
| Risk Locations | | | |
| Location 1 | | | |
| Address |  | | |
| Address continued |  | Town/City |  |
| County |  | Post Code |  |
| Occupation / use |  | | |
| Describe area |  | | |
| Adjacent properties |  | | |
| Location 2 | | | |
| Address |  | | |
| Address continued |  | Town/City |  |
| County |  | Post Code |  |
| Occupation / use |  | | |
| Describe area |  | | |
| Adjacent properties |  | | |
| Location 3 | | | |
| Address |  | | |
| Address continued |  | Town/City |  |
| County |  | Post Code |  |
| Occupation / use |  | | |
| Describe area |  | | |
| Adjacent properties |  | | |
| Location 4 | | | |
| Address |  | | |
| Address continued |  | Town/City |  |
| County |  | Post Code |  |
| Occupation / use |  | | |
| Describe area |  | | |
| Adjacent properties |  | | |
| Location 5 | | | |
| Address |  | | |
| Address continued |  | Town/City |  |
| County |  | Post Code |  |
| Occupation / use |  | | |
| Describe area |  | | |
| Adjacent properties |  | | |

|  |  |
| --- | --- |
| Risk Profile for location 1 *( ‘cut and paste’ this section as required for additional locations )* | |
| Construction | |
| Purpose built & walls of brick, concrete or stone (exposed steelwork to be fully enclosed in fire resistant material), concrete floor and roof with less than 10% combustible linings | Yes / No *(delete as applicable)* |
| Building suitable for occupation & concrete or steel framed with metal walls or roof, (walls/roof may include non-combustible composite panelling as an external cladding) & concrete floors | Yes / No *(delete as applicable)* |
| Standard construction i.e. masonry walls, timber floors/mezzanine floor and roof covered with slate or tile or multi-storey building with glazed curtain walling | Yes / No *(delete as applicable)* |
| Significant combustible elements, internal wall/roof linings, external timber claddings, timber frame structures or buildings with combustible composite (sandwich) panels or unsuitable for trade | Yes / No *(delete as applicable)* |
| Are the buildings:  Detached buildings in single occupation with minimum 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 *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)* |

|  |
| --- |
| Additional notes |
|  |

|  |  |
| --- | --- |
| Electrical | |
| Was the system installed within the past 5 years to relevant regulation standard? | Yes / No *(delete as applicable)* |
| If the system is more than 5 years old, are tests and inspections in line with  IEE or equivalent / or inspected by own qualified personnel | Yes / No *(delete as applicable)* |
| General information regarding the electrical system / installation: | |
| Heating | |
| Does system use ducted warm air or water filled radiators fed from a remote boiler and fuel source or no heating? | Yes / No *(delete as applicable)* |
| Is oil tank bunded? | Yes / No *(delete as applicable)* |
| Describe any other fixed heating (oil burner / wood stove): | |
| Describe any portable heaters: | |
| Fire Protection | |
| Is there automatic fire protection coverage heat/smoke detectors and signalling | Yes / No *(delete as applicable)* |
| Is there standard audible fire alarm (no connection) | Yes / No *(delete as applicable)* |
| What edition does the sprinkler installation conform to:- (must be maintained) | Edition |
| Nearest fire brigade | Miles |
| Number of fire hydrants within 500 m and diameter of supply pipe |  |
| Is smoking prohibited? | Yes / No *(delete as applicable)* |
| Where is smoking permitted? |  |
| Are FEA’s installed and regularly maintained? | Yes / No *(delete as applicable)* |
| Is there any spraying? | Yes / No *(delete as applicable)* |
| Spray booth details |  |
| Is there any storage of stock to height and if so how high in meters? | Yes / No *(delete as applicable)* |
| Does packaging take place? | Yes / No *(delete as applicable)* |
| What are the storage arrangements for packaging materials? |  |
| Any ISO accreditation or Investors in People? | Yes / No *(delete as applicable)* |
| Housekeeping management, (congestion, accumulation, etc) |  |
| Regular waste control and removal in place? | Yes / No *(delete as applicable)* |
| Is there a disaster recovery plan? | Yes / No *(delete as applicable)* |

|  |  |
| --- | --- |
| Security | |
| State name of alarm installer: |  |
| By which inspectorate is it approved i.e. | NACOSS / SSAIB / None |
| Alarm signal (e.g. Redcare, Digicom) |  |
| What level of response is in force | Level 1 / level 2 / Level 3 |
| How many false alarms in the past 12 months |  |
| Any form of alarm verification used (i.e. audio, visual or sequential) | Yes / No *(delete as applicable)* |
| Smoke-cloak in place? | Yes / No *(delete as applicable)* |
| Does the alarm protect the entire premises | Yes / No *(delete as applicable)* |
| Type of protection: e.g. perimeter; glass sensor; volumetric; PIR’s / beams |  |
| Is CCTV in operation?  If YES is it: monitored or recorded? Please state tape retention (number of days) | Yes / No *(delete as applicable)* |
| Name of nearest 24-hour manned police station  Distance | miles |
| Is there 24 hour manned security on the premises? | Yes / No *(delete as applicable)* |
| Area – Predominately residential / commercial / industrial |  |
| Final exit door:  Method of locking  Materials  Glazing |  |
| Accessible windows:  Method of locking  Type of Glass  Grills / Bars / Shutters |  |
| Are Snap-On tool boxes secured and if so how (chains/bolted to wall, etc) |  |
| Entrapment devices (e.g. computer lockdown plates, etc.):- |  |
| Door entry system and / or access control system to different parts of building |  |
| Type of vehicle access to the site including gates / barriers, etc. |  |
| Perimeter security including type height of walls, fences and gates |  |
| Key security |  |
| Are vehicle keys kept in a locked key cabinet | Yes / No *(delete as applicable)* |
| Is this cabinet contained within a separate locked room | Yes / No *(delete as applicable)* |
| Vehicle security at night |  |
| Are Rhino posts in use to secure exit / access | Yes / No *(delete as applicable)* |
| Are vehicles protected by wheel clamps | Yes / No *(delete as applicable)* |
| Is security lighting in place | Yes / No *(delete as applicable)* |
| Are vehicles immobilised by any other means | Yes / No *(delete as applicable)* |
| If YES, please describe: | |

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

|  |  |
| --- | --- |
| Material Damage | |
| Fire and Perils / Theft / AD and all fixed glass including any external signs | Yes / No *(delete as applicable)* |
| Subsidence | Yes / No *(delete as applicable)* |
| Sprinkler leakage | Yes / No *(delete as applicable)* |
| Terrorism | Yes / No *(delete as applicable)* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Location | Buildings (Declared Value) | Tenants Improvements | General Contents | Computers, Electronic Equipment | Stock | Miscellaneous\* |
|  | £ | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ | £ |
| \* provide detail for each miscellaneous item: | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Existing excesses / deductibles | | | | | £ | |
| Day One inflation provision | | | | | Yes / No *(delete as applicable)* | |
| Percentage uplift | | | | |  | |
| Extensions and clauses required | | | | |  | |
|  | | | | | | |
| Stock Seasonal Increase | | | | | | |
| Month |  |  |  |  | |  |
| Describe Stock |  |  |  |  | |  |
|  | % | % | % | % | | % |
| **Additional Notes:** | | | | | | |

|  |  |
| --- | --- |
| Extensions to cover | |
| Is theft by deception (fraud, trick or false pretence) required:  (only available subject to the following criteria)   1. payments by bankers draft or building society cheque provided that before the sale is completed, and on the day of payment, the Insured shall have obtained written confirmation from the bank or building society that the bankers draft or building society cheque is valid. 2. payments provided by a finance company, provided that the Insured shall have received written confirmation of acceptance of the finance agreement from the finance company before the sale is completed. 3. payments by credit card provided that before the sale is completed, and on the day of payment, the Insured shall have obtained verbal authorisation from the credit card company that the credit card is valid. | Yes / No *(delete as applicable)* |
| Is theft using vehicle keys required: (only available subject to the following criteria):   1. in respect of unattended vehicles on the premises during business hours, it is a condition that the vehicle keys or card are removed from vehicles and placed in a locked safe or cabinet within the buildings of the premises, unless the person in charge of the Vehicle is immediately beside that Vehicle and has only had to leave the keys or card in the vehicle to enable work to be carried out. 2. outside business hours, said keys or card must be removed from the premises or if kept on the premises placed in a locked safe or cabinet and its key or keys removed from the premises or if the person responsible for their safe custody lives on the premises, removed to that part of the premises in which the person actually lives. 3. in the event of this condition not being complied with the Insured shall after the application of average, bear at the insured's own risk an uninsured 20% of each and every loss under this section, the insurer's liability being limited to 80% of such loss. | Yes / No *(delete as applicable)* |
| Is theft of a vehicle at a sub-contractors premise required:  (only available subject to the following criteria)   1. Confirmed evidence of the sub-contractors insurance being in place. This should be checked annually and a copy schedule obtained to effectively record this information. | Yes / No *(delete as applicable)* |
| Other extensions required      Additional Notes | |

|  |  |
| --- | --- |
| Consequential loss (cover as shown under Material Damage section) | |
| Financial year end |  |
| Turnover | £ |
| Sums insured | £ |
| Gross profit | £ |
| Indemnity period |  |
| Increase in cost of working | £ |
| Loss of rent (ask insured to check covenants within their lease) | £ |
| Indemnity period (months) |  |
| Book debts | £ |
| Declaration basis | Yes / No *(delete as applicable)* |

|  |  |
| --- | --- |
| 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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| --- | --- |
| **Additional Notes** | |
| Excess Applicable: | £ |

|  |  |
| --- | --- |
| 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 |
| Directors |  | £ |
| Clerical |  | £ |
| Sales |  | £ |
| Mechanics / Technicians |  | £ |
| Valet |  | £ |
| Other |  | £ |
| Bona-fide sub-contractors |  | £ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Public Liability | | | | |
| Do you use heat away from the premises (if yes, please describe fully in notes) | | | | 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? | | | |  |
| 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)* |
| Additional 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 | | | Yes / No *(delete as applicable)* | |
| 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* | |
| Defective workmanship | | | £ | |
| Turnover split by territory | | Turnover Split % | | |
| UK | £ | Sales | £ | |
| EU | £ | Service | £ | |
| North America | £ | MoT | £ | |
| Rest of World | £ | Repair | £ | |
| Total | £ | Total |  | |

|  |  |
| --- | --- |
| Extensions (optional dependent on trade) | |
| Financial Loss | £ |
| Efficacy | £ |
| Product Recall / Guarantee | £ |
| Libel & Slander | £ |
| Is Professional Indemnity in place / needed | Yes / No *(delete as applicable)* |
| Excess 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. |  |

|  |  |
| --- | --- |
| Excess Applicable: | £ |

|  |
| --- |
| Additional Notes |

|  |  |
| --- | --- |
| Money | |
| Sums insured   1. Non-Negotiables   a) In transit in custody of Insured  b) In transit in the custody of a security company  c) In transit by post   1. On premises during business hours 2. On premises outside business hours:   a) Contained in a locked safe  b) Not in a locked safe   1. At private dwelling 2. On contract sites 3. In bank night safe 4. Unused tax discs during business hours 5. Unused tax discs in locked safe | £  £  £  £  £  £  £  £  £  £  £  £ |
| Safe: Make  Model  Description  How secured? |  |
| Annual cash carryings: Own carrying  By security company | £  £ |
| P.A. Assault : Capital sums  Weekly benefit | £  £ |
| Additional Notes | |

|  |  |
| --- | --- |
| Optional Extensions Money in vending machines  Total amount of risk | £  £ |
| Standard extensions required Replacement keys and locks  Declaration Basis | £  £ |
| Excess Applicable: | £ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Road Risk | | | | |
| Cover (mark box with X)  Comprehensive  Third party fire & theft  Third party only | | □  □  □ | | |
| Vehicle summary:  No. of cars registered by the company  No. of vans/lorries registered by the company up to 2 tons  No. of vans/lorries registered by the company over 2 tons but not exceeding 7.5 tons  No. of recovery vehicles registered by the company transporting 1 vehicle  No. of recovery vehicles registered by the company transporting 2 vehicles  No. of recovery vehicles registered by the company transporting more than 2 vehicles  No. passenger carriers registered by the company with more than 8 seats  No. of courtesy cars registered by the company  Any motor bikes | |  | | |
| Private vehicles to be insured by policy | | | | |
| Owner | Vehicle | | | |
|  |  | | | |
|  |  | | | |
|  |  | | | |
|  |  | | | |
| Driver detail  No of Trade Plates  Courtesy Car – CONTINGENT COVER ONLY?  % of time courtesy cars on users own insurance  No. of employees including directors requiring business use only  No. of employees incl. directors (within the above) requiring SDP & business use  No. of Un-named friends & relatives requiring SDP use  Do partners of non-directors with SDP use cars? | | |  | |
| State number of drivers: | | | Business | Pleasure |
| Aged 17 to 20 | | |  |  |
| Aged 21 to 24 | | |  |  |
| Aged 17 to 20 driving a motorcycle | | |  |  |
| Aged 21 to 24 driving a motorcycle | | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Road traffic offences/health | | | | |
| Name | Age | Date | Penalty or disability | Circumstances |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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| --- | --- | --- |
| Demonstration use (tick as applicable) | Accompanied □ | Unaccompanied □ |

|  |  |
| --- | --- |
| Engineering |  |
| Plant inspection | Yes / No *(delete as applicable)* |
| Insurance | Yes / No *(delete as applicable)* |
| If YES tick the appropriate cover required: Specified machinery □ All machinery □ | |
| Sum insured | £ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If specified machinery, list plant items below (I = Inspection only; BE = Breakdown & explosion; SUD = Sudden & unforeseen damage) | | | | |
| Description of equipment | Number | Geographical limit | Cover | Replacement cost |
| Air / oil receivers and vessels |  |  |  | £ |
| Steam boilers |  |  |  | £ |
| Steam / hot water cleaners |  |  |  | £ |
| Heating installations |  |  |  | £ |
| Other boiler plant |  |  |  | £ |
| Motors / compressors |  |  |  | £ |
| Space heaters |  |  |  | £ |
| Gas / oil burners |  |  |  | £ |
| Welding transformers |  |  |  | £ |
| Battery chargers |  |  |  | £ |
| Other electrical plant |  |  |  | £ |
| Vehicle lifting platforms |  |  |  | £ |
| Lifts |  |  |  | £ |
| Breakdown cranes |  |  |  | £ |
| Trolley jacks |  |  |  | £ |
| Forklifts |  |  |  | £ |
| Other lifting equipment (describe) |  |  |  | £ |
| Excess applicable | | | £ | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Computers | | |  | |
| Computer cover | Number | Geographical limit | Cover | Replacement cost |
|  |  |  |  | £ |
|  |  |  |  | £ |
|  |  |  |  | £ |
|  |  |  |  | £ |
|  |  |  |  | £ |

|  |  |
| --- | --- |
| Reinstatement of data | £ |
| Increase cost in working | £ |
| Indemnity period | months |

|  |  |
| --- | --- |
| Excess applicable | £ |

|  |  |
| --- | --- |
| Conversion | |
| Indicate the limit of indemnity required | £ |
| State the estimated turnover during the next 12 months for sales of all vehicles | £ |
| Are you a subscriber to HPI or Experian Ltd | Yes / No *(delete as applicable)* |
| For vehicles not taken in part exchange, will payments be by cheque or credit? | Cheque / Credit *(delete as applicable)* |
| Are accurate records kept of all purchase transactions for second hand vehicles | Yes / No *(delete as applicable)* |
| Fidelity Guarantee | |
| Indicate the limit of indemnity required | £ |
| State the total number of persons employed in the business? |  |
| 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)* |

|  |  |
| --- | --- |
| MoT | |
| Vehicle Testing Station number |  |
| What was your MoT test fee income over the past 12 months? | £ |
| Estimate of your MoT test fee income over the next 12 months? | £ |
| State the number of MoT bays you operate at the premises? |  |
| Approximately how many MoT tests do you carry out annually? | Private Customers  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 *(delete as applicable)* |
| Have any of your nominated testers received warnings over the last 5 years.  (If YES please give details below) | Yes / No *(delete as applicable)* |
| Have any of your nominated testers received penalty points over the last 5 years (If YES please give details below) | Yes / No *(delete as applicable)* |
| Do testers attend Vehicle Inspectorate training courses as required | Yes / No *(delete as applicable)* |
| How long have you been undertaking MoT testing |  |
| What are your normal business hours for MoT testing |  |
| What indemnity period is required |  |
| Additional Notes *(please use an additional sheet if required)* | |

|  |  |  |  |
| --- | --- | --- | --- |
| Compliance 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:

|  |
| --- |
|  |

##### 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:

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

|  |  |  |
| --- | --- | --- |
|  | 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 FCA (Financial Conduct Authority) 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.