

Name of Policyholder

Renewal Date:

Policy No.

Trading Address

Postcode

Business Tel No.

YOUR BUSINESS

Specify below your activities in the motor trade

Buying / selling / wholesaling (importing / exporting delete if N/A)	<input type="text"/> %	Approximate number of vehicles sold / handled in any one year	<input type="text"/>
Mechanical / servicing / overhauls	<input type="text"/> %	Estimated turn over for coming year	£ <input type="text"/>
Crash repairs / spraying	<input type="text"/> %	Are you VAT registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle recovery / deliveries / breakdowns	<input type="text"/> %	Do you employ anyone either full time or casual?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Car breaking / sale of second hand parts	<input type="text"/> %	If Yes state their duties	<input type="text"/>
Body builders / commercial vehicle repairs	<input type="text"/> %	What type of premises do you trade from?	Home / Workshop / Warehouse
Car accessories / distribution / fitting	<input type="text"/> %	Lock ups / Forecourt / Showrooms / Yard / Open site / Shop / Office	
Valeting / steam cleaning / renovations	<input type="text"/> %	Other type of premises, please specify	<input type="text"/>
Vehicle leasing / liquidators / hire purchase agents	<input type="text"/> %	Maximum capacity in vehicles	<input type="text"/>
Other activities, please specify <input type="text"/>		Average value of any one vehicle £ <input type="text"/>	Total value £ <input type="text"/>
Total 100%			

VEHICLES TO BE COVERED (indicate by completing the appropriate boxes)

NOTE: CERTAIN CATEGORIES OF VEHICLES ARE EXCLUDED OR HAVE SPECIAL TERMS IMPOSED

Private cars with a trade value not exceeding £10,000	<input type="text"/> %	If higher indemnity limit required please state	£ <input type="text"/>
Motor cycles with a trade value not exceeding £5,000	<input type="text"/> %	If higher indemnity limit required please state	£ <input type="text"/>
Steam driven vehicles	<input type="text"/> %	EXCLUDED	
Sports or high performance vehicles	<input type="text"/> %	If specialising, state makes	<input type="text"/>
Imported vehicles, countries i.e. Japan/Germany	<input type="text"/> %	Modified kit cars	<input type="text"/> TPO cover only
American / Canadian vehicles	<input type="text"/> %	Third Party Only	Yes <input type="checkbox"/> No <input type="checkbox"/> Comprehensive Yes <input type="checkbox"/> No <input type="checkbox"/>
Vintage / Classic vehicles	<input type="text"/> %		
Light commercials up to 3.5 tons GVW	<input type="text"/> %	Is higher limit required? Yes / No	If Yes state limit <input type="text"/> GVW
Horse Boxes / Agricultural vehicles up to 3.5 tons GVW	<input type="text"/> %	If vehicle above 3.5 tons GVW required, full details must be given	
Construction industry / Special type vehicles up to 3.5 tons GVW	<input type="text"/> %	If vehicle above 3.5 tons GVW required, full details must be given	
Skip vehicle up to 3.5 tons GVW	<input type="text"/> %	Are excluded for hire or reward or use in connection with scrap metal	
Breakdown trucks / Vehicles with trailers / Recovery vehicles up to 3.5 tons GVW and not capable of carrying more than two vehicle inclusive of trailer	<input type="text"/> %	Is cover required for accidental loss or damage to vehicles being towed / Conveyed for hire or reward. If so, state limit required for any one loss	£ <input type="text"/>
Coaches / mini buses / PSV vehicles	<input type="text"/> %	Are excluded for hire or reward or where a special licence is required	
Total 100%			

COVER REQUIRED

TYPE OF COVER

Third Party Only Third Party Fire & Theft Comprehensive

State indemnity limit required own £2,500 / £5,000 / £10,000 / £20,000 / £30,000
 State indemnity limit required customer £2,500 / £5,000 / £10,000 / £20,000 / £30,000

} (for TPF&T / Comprehensive only)

If higher indemnity limit required please provide details

OPTIONAL EXTENSIONS

Demonstration by prospective customers Third Party Only	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comprehensive	Yes <input type="checkbox"/> No <input type="checkbox"/>
Legal Expenses for uninsured losses	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specified drivers only	
Customer loan vehicles / Third Party Only	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comprehensive	Yes <input type="checkbox"/> No <input type="checkbox"/>
Self Drive Hire	Yes <input type="checkbox"/> No <input type="checkbox"/>	separate proposal required	

OWN VEHICLES: please write clearly

Failure to give details of vehicles or trade plates currently owned or in your possession or used by you or a named driver could prejudice a claim or restrict cover to motor trade use only being provided, excluding all social domestic and pleasure use. Please use Reg.No. box for trade plates.

Private Cars					Commercial Vehicles						
	Make & Model	c.c	Year	Value	Reg.No.	Make & Model	Value	Year	GVW	Usage	Reg.No.
1											
2											
3											
4											
5											

EXISTING DRIVER DETAILS: Please photocopy for additional drivers details

Driver Details (a) Surname, (b) First Names, (c) Full-time Occupation, (d) Part-time Occupation, (e) Home Address, (f) Driver Licence Details, (g) Date of Birth

	Policyholder / 1st Driver	2nd Driver	3rd Driver	4th Driver
(a)	Mr / Mrs / Miss	Mr / Mrs / Miss	Mr / Mrs / Miss	Mr / Mrs / Miss
(b)				
(c)				
(d)				
(e)				
	Postcode	Postcode	Postcode	Postcode
(f)				
(g)				

CONVICTIONS, OFFENCES & PROSECUTIONS

Driver Details (a) Date(s), (b) Conviction(s) including pending, (c) Amount of fine, (d) Any suspension

	Policyholder / 1st Driver	2nd Driver	3rd Driver	4th Driver
(a)				
(b)				
(c)				
(d)				

OTHER USES / OCCUPATIONS

Besides Motor Trade use and social domestic and pleasure use, will any driver require to use the insured vehicle(s) for other business activities?

	Yes / No	Yes / No	Yes / No	Yes / No
I Yes give full details				

HEALTH

State details of any physical defect or in firmity (e.g. defective vision or hearing, disease of the heart, diabetes, epilepsy or loss of limbs or use thereof) – affecting any driver who may drive. If none state NONE. Have the DVLA imposed any restrictions?

Details:				
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HOME ADDRESSES (answer only if Third Party Fire & Theft or Comprehensive is required)

Type of Property where vehicles are normally parked?	Garaged <input type="checkbox"/> On runway <input type="checkbox"/>	Garaged <input type="checkbox"/> On runway <input type="checkbox"/>	Garaged <input type="checkbox"/> On runway <input type="checkbox"/>
	On road <input type="checkbox"/> Post Code <input type="checkbox"/>	On road <input type="checkbox"/> Post Code <input type="checkbox"/>	On road <input type="checkbox"/> Post Code <input type="checkbox"/>
Maximum capacity in cars			
Average value any one vehicle			
Total value of vehicles			

TRADE PREMISES COVER

Yes No Address as Part A | Give details of Construction of Premises/Age and other occupants and their trades.

THEFT PROTECTIONS (give brief details of physical protections and perimeter security)

Intruder Alarm Yes No If Yes date of installation and installer's name: _____

N.I.S. Yes No Annunciation Bell Digital Central Station Redcare

Is this under a current maintenance agreement Yes No If Yes, maintenance company's name: _____

LIABILITIES

Annual T/O (ex VAT do not include in total below)	£	<input type="text"/>		Indemnity Required - tick box(es)	
Annual wages paid to manual employees	£	<input type="text"/>	PA	Public Liability Indemnity	£1m <input type="checkbox"/> £2m <input type="checkbox"/> £5m <input type="checkbox"/>
Self employed labour/casual labour	£	<input type="text"/>	PA	Service/Defective Workmanship	£1m <input type="checkbox"/> £2m <input type="checkbox"/> £5m <input type="checkbox"/>
Principle/Directors/Partners drawings and salaries	£	<input type="text"/>	PA	Sales Indemnity	£1m <input type="checkbox"/> £2m <input type="checkbox"/> £5m <input type="checkbox"/>
All other non manual employees	£	<input type="text"/>	PA	Employer's Liability	£10,000,000 <input type="checkbox"/>
Wages Total (excl T/PO)			£	<input type="text"/>	

Do you perform welding? Yes No If Yes provide details _____

MATERIAL DAMAGE

Total value of own vehicles	£	<input type="text"/>		Money	Limited any one carrying	£	<input type="text"/>
Total value of customer's vehicle	£	<input type="text"/>			Annual carryings	£	<input type="text"/>
Building/tenant's improvements and decorations	£	<input type="text"/>			Safe limit - out of hours	£	<input type="text"/>
Fixed plant and equipment	£	<input type="text"/>		Glass	Out of hours out of sale	£	<input type="text"/>
Stock ex radios/tobacco/video/wine & spirits	£	<input type="text"/>			On external glass	£	<input type="text"/>
Stock other specify	£	<input type="text"/>			On signs/canopies	£	<input type="text"/>
Portable tools/employees tools	£	<input type="text"/>					
Total			£	<input type="text"/>			

Are these kept at risk address declared? If no, provide details _____

CONSEQUENTIAL LOSS

Indemnity 12 Months - following MT All Risk wording Gross Profit including pay and fees £

ENGINEERING INSPECTION

List Item	Quantity

ADDITIONAL INFORMATION**DECLARATION AND IMPORTANT FACTS**

To be completed by Insured or his authorised agent

- I declare that to the best of my knowledge and belief the answers are complete and true in every respect
- If the answers to all or any of the questions have been completed by another at my dictation or instruction, I confirm that I have read and agreed such answers.
- I have not withheld any material facts which might influence the acceptance or continuance or terms of this Contract.
- Information that I supply on this form or any other representation I make to my insurers now or in the future may be supplied to other insurance databases to help the industry combat fraudulent claims and identify uninsured drivers.

SIGNED _____ DATED _____

PRINT SIGNATURE _____

If signed by another on the Proposer's behalf, please state the capacity in which you are signing _____

