

Commercial Motor Plus

for sole traders, partnerships and small to medium sized businesses providing cover in one policy for up to five vehicles, roadside assistance, legal expenses and driver's personal accident as well as options to include public and product liability, employers liability, goods in transit and full road rescue including in Europe



Proposal form

Proposer

Company or trading name
if different

Policy or cover note number

Inception date

Broker

This form is purposely inquisitive as we want to know as much as possible about you and, where applicable, your business. The more we know about a proposer the better the terms and premiums we quote. Questions under **red** headings must be completed, those under **amber** may need completing depending on what is required and those under **green** headings indicate options available. We may ask you to complete a supplementary questionnaire for certain types of vehicles, trailers, occupations and optional covers.

Please complete this proposal form in BLOCK CAPITALS. You must give full and true answers to all questions. 'YES' OR 'NO' answers must not be left blank. If you need more space for any of the answers, please continue on the additional information sheet, photocopying it if necessary.

Proposer's details

| | |
|--|--|
| Date cover is to commence <input type="text"/> | Current Tradex policy number, if any <input type="text"/> |
| Name of proposer(s) <input type="text"/> | If a business are you a Sole trader <input type="checkbox"/> Partnership <input type="checkbox"/> Limited company <input type="checkbox"/> |
| Company/trading name(s) if different <input type="text"/> | Company registration number, if applicable <input type="text"/> |
| Address <input type="text"/> | Are you registered for VAT? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <input type="text"/> Postcode <input type="text"/> | If YES, give your VAT registration number <input type="text"/> |
| Is this the registered address of your business? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Is this your Home address? <input type="checkbox"/> Business address? <input type="checkbox"/> | Do you have full time or casual employees? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| How long have you occupied this address <input type="text"/> | <i>If YES, you must complete the Employers Liability questions on page 8</i> |
| Type of property e.g. business premises, house, flat and whether owned, shared, leased or rented <input type="text"/> | Describe your full time and part time occupations and/or, if a business, your business activities including, if you are based in and operate from Northern Ireland whether your vehicles are used for business purposes in the Republic of Ireland <input type="text"/> |
| Telephone <input type="text"/> | |
| Mobile <input type="text"/> | |
| Email <input type="text"/> | |

List the names and addresses of your business partners and directors and indicate their involvement in the business.

| Name | Address | Postcode | Full time | Part time | Investor only |
|------|---------|----------|--------------------------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If any partner or director has been known by any other names, provide full details on page 15, Additional Information.

Vehicles to be insured

Please provide vehicle details including SORN vehicles for which you require fire and theft cover.

| Level of cover required | Vehicle | | | Vehicle | | | Vehicle | | |
|---|---|--|----------------------|---|--|----------------------|---|--|----------------------|
| | Comp | TPF&T | TPO | Comp | TPF&T | TPO | Comp | TPF&T | TPO |
| Registration | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Make and model | | | | | | | | | |
| Year of manufacture | | | | | | | | | |
| Gross Vehicle Weight | | | | | | | | | |
| Fuel type | | | | | | | | | |
| Type of body | | | | | | | | | |
| Number of seats including driver | | | | | | | | | |
| Sign writing – indicate if none, removable, under or over 25% painted or vinyl wrapped | | | | | | | | | |
| Date of purchase | | | | | | | | | |
| Purchase price | £ | | | £ | | | £ | | |
| Current market value (include accessories, sign writing, plant & equipment, fixtures & fittings) | £ | | | £ | | | £ | | |
| Does the market value include modifications, plant & equipment and fixtures & fittings already there when you bought the vehicle? (If No, complete page 10, Goods in Transit for specific cover.) | YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give full details | | | YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give full details | | | YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give full details | | |
| Left hand drive? | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Alarm, immobiliser and/or tracker, camera, CCTV and telematics details | | | | | | | | | |
| Where kept overnight or when not in use | <input checked="" type="checkbox"/> | Postcode | | <input checked="" type="checkbox"/> | Postcode | | <input checked="" type="checkbox"/> | Postcode | |
| Road | <input type="checkbox"/> | | | <input type="checkbox"/> | | | <input type="checkbox"/> | | |
| Private driveway | <input type="checkbox"/> | | | <input type="checkbox"/> | | | <input type="checkbox"/> | | |
| Private garage | <input type="checkbox"/> | | | <input type="checkbox"/> | | | <input type="checkbox"/> | | |
| Private car park | <input type="checkbox"/> | | | <input type="checkbox"/> | | | <input type="checkbox"/> | | |
| Multi-storey car park | <input type="checkbox"/> | | | <input type="checkbox"/> | | | <input type="checkbox"/> | | |
| Business address | <input type="checkbox"/> | | | <input type="checkbox"/> | | | <input type="checkbox"/> | | |
| Other provide details | | | | | | | | | |
| Registered owner's name | | | | | | | | | |
| Is the vehicle leased or financed? | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| No. of no claim bonus years? | <input type="text"/> | Protected? YES <input type="checkbox"/> NO <input type="checkbox"/> | | <input type="text"/> | Protected? YES <input type="checkbox"/> NO <input type="checkbox"/> | | <input type="text"/> | Protected? YES <input type="checkbox"/> NO <input type="checkbox"/> | |

You must provide proof of your no claims bonus from your insurer NOT your broker to confirm your entitlement. We will accept proof of the no claims bonus for policies which were cancelled within the last six months. If we do not receive proof of no claims bonus within 60 days of cover incepting, we will charge an additional premium and may, at our option, cancel the policy.

Third Party property damage limit of indemnity

The policy provides a Third Party property damage limit of indemnity of £2,000,000.

Would you like a quotation to increase this limit YES NO If YES, £5,000,000 or £10,000,000

In total, how many vehicles do you own?

What types of vehicle are they?

Drivers' details

The police are becoming increasingly vigilant in checking that the use of a vehicle is allowed by your insurance policy. If any driver listed below will be using an insured vehicle for any purpose other than for the business described above and, if permitted by the policy, for social domestic and pleasure use, that use must be declared below and shown on the certificate of motor insurance.

You must provide a copy of each driver's licence. If we do not receive the copy within 30 days of cover incepting we may, at our option, cancel the policy.

| Driver's full name | Age | Date of birth | Driver status | | | Home postcode | Licence type | | | | Years held | Uses | | |
|--------------------|-----|---------------|---------------|---|---|---------------|--------------|----|---------|-----------------|------------|------|------|-------|
| | | | P | S | N | | F | Pr | HGV/PSV | Issuing Country | | Bus | SD&P | Other |
| | | | | | | | | | | | | | | |
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KEY:

Driver status

P = Proprietor, business partner or director **S** = Spouse, partner
N = named driver e.g. casual driver, employee, self employed worker or family member

Licence type

F = Full **Pr** = Provisional **HGV** = Heavy goods vehicle **PSV** = Public service vehicle

Uses

Bus = Business **SD&P** = Social Domestic and Pleasure **Other** = Provide details of any other uses

Previous insurance

| Name of present/previous insurer(s) | Policy number | Expiry date | Type of policy |
|-------------------------------------|---------------|-------------|----------------|
| | | | |
| | | | |
| | | | |

Excesses and co-insurance

The policy has a standard excess of £500 for accidental damage, fire and theft. In some instances, higher excesses (for example for young and inexperienced drivers) and/or a co-insurance percentage may be imposed. You may, on request increase or decrease the standard excess

For an additional premium, would you like to reduce the standard excess to £250?

YES NO

OR

For a premium discount, would you be prepared to increase the standard excess? So that you can make an informed decision, we will provide quotations for different levels of excess on request.

Increased excess levels £750 £1,000 £1,500 £2,000 £2,500

Convictions, pending prosecutions, offences and disqualifications

Have you or anyone who will drive been convicted of ANY motoring offence (other than parking), sustained a fixed penalty resulting in the driving licence being endorsed or have a prosecution or enquiry pending?

YES NO

Have you, any of your business partners, directors, employees or anyone involved in the business or who will drive, have a non-motor related criminal record or have a prosecution or enquiry pending?

YES NO

If YES to either or both, provide FULL details (not restricted to the United Kingdom) and continue on page 15, Additional Information if necessary.

Spent convictions as defined in the Rehabilitation of Offenders Act 1974 (England & Wales) need not be disclosed. A conviction is NEVER spent if the sentence was over 30 months.

Bankruptcy, insolvency and County Court Judgments

Have you, any partner or director of the business or driver to be insured, been declared bankrupt or insolvent, entered into an Individual Voluntary Arrangement (IVA), had a CCJ registered or been a director of a company which has gone into liquidation, receivership or been the subject of an administration order.

YES NO

If YES, give full details including dates, company and trading names.

| Full name | Details |
|-----------|---------|
| | |

Disabilities and medical history

Do you or any other person to be insured to drive have any of the conditions or disabilities below

An uncorrected defect in vision or hearing? YES NO

Any physical or mental infirmity including loss of or restricted limb movement?

YES NO

Heart disease, diabetes or epilepsy? YES NO

Any chronic condition requiring notification to the DVLA or DVA?

YES NO

If YES to any, give full details below continuing on page 15, Additional Information if necessary.

| Name | Disability or condition | Date of diagnosis | Restricted licence |
|------|-------------------------|-------------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Previous claims and vehicle accidents

Please give full details of ALL claims or incidents (including malicious damage) in the last 5 years involving you or any person to be insured whether the incidents or claims were insured or not.

If NONE, state NONE or provide full details below continuing on page 15, Additional Information if necessary

| Date of incident | Driver's name | Vehicle make | Brief description including any injuries sustained | Third party costs £ | Own damage costs | | |
|------------------|---------------|--------------|--|------------------------|------------------|-----------|----|
| | | | | | £ | Recovered | |
| | | | | | | YES | NO |
| | | | | | | | |
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In the last 5 years, have you or anyone to be insured by this policy been involved in claiming compensation following a motor accident?

YES NO

If YES, indicate whether you were a Driver Passenger and give full details below continuing on page 15, Additional Information if needed.

Insurance history

Have you or any other person to be insured by this policy

If YES give full details below continuing on page 15, Additional Information sheet if necessary.

Been refused insurance or renewal of a policy? YES NO

Had a policy cancelled due to non payment of premium or for any other reason? YES NO

Had a policy avoided? YES NO

Been asked to agree to special terms or premium? YES NO

Had a claim repudiated or refused? YES NO

Optional extensions

• WINDSCREEN

The standard indemnity limit for any one period of insurance is £1,000 with a £100 excess per claim.

Do you require cover? YES NO

If you require a higher limit, please indicate below

£2,000 – excess £250 £3,000 – excess £250 £4,000 – excess £250 £5,000 – excess £250

• ACCESSORIES AND IN-VEHICLE EQUIPMENT, SIGN WRITING AND LOCK REPLACEMENT

This optional extension provides cover of £1,000 for accessories and in-vehicle equipment, 10% of the current value of the vehicle for sign writing and £500 in any one period of insurance for replacement locks.

Do you require cover? YES NO

• FINANCE GAP COVER

This optional extension provides cover for the net balance still owing to the finance company after a total loss claim has been settled up to the gap limit of indemnity you have opted for below. The outstanding balance excludes any arrears and debts, credit insurance rebate, re-financing cost, deposit paid, part exchange allowance, warranty charge, vehicle tax, insurance premium and policy excesses. Cover is only available if you have owned your vehicle for under 180 days.

Do you require cover? YES NO If YES, provide the information requested

| Registration | Original invoice price including deposit | Gap limit required | | | Years of cover required | | | |
|----------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | £5,000 | £10,000 | £15,000 | 1 | 2 | 3 | 4 |
| <input type="text"/> | £ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | £ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | £ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Name of finance company Agreement number, if any

Address Postcode

• DRIVING OTHER VEHICLES – SOCIAL, DOMESTIC AND PLEASURE USE ONLY

The policy allows named drivers to drive insured vehicles for both business and social, domestic and pleasure purposes, but unlike a standard car policy, the policyholder is NOT insured to drive other cars (DOC).

However, if you do require cover, this optional extension will provide cover for the drivers named below to drive other vehicles but ONLY for social, domestic and pleasure use in the United Kingdom, Jersey, Guernsey or the Isle of Man. The vehicle must not be regularly available to, owned by or hired to the policyholder. Motorcycles can be covered but not minibuses, coaches and vehicles with a gross vehicle weight of more than 3.5 tonnes. See pages 16 and 21 of the policy for full details of the cover available. All excesses, terms, conditions, exclusions and other policy limitations apply.

Do you require cover

Vehicles? YES NO Motorcycles? YES NO If YES to motorcycles, give maximum cc

If YES, Third party only? Comprehensive? (Only if own vehicle has comprehensive cover - limit £10,000.)

Please provide the drivers' names all of whom must also be listed under Drivers' Details on page 4.

Public and product liability

This part of the policy covers your non-motor legal liability to customers and members of the public for injury to them or damage to their property arising from your business activities in the United Kingdom, Jersey, Guernsey, the Isle of Man and, if your business is based in and operates from Northern Ireland, the Republic of Ireland. A quotation for extended territorial limits may be provided on request.

| Section | Required | Limit of indemnity | Increase required | |
|-------------------|--------------------------|---|--------------------------|--------------------------|
| | | | £2 million | £5 million |
| Public liability | <input type="checkbox"/> | £1million for any one claim | <input type="checkbox"/> | <input type="checkbox"/> |
| Product liability | <input type="checkbox"/> | £1million for all claims in any one period of insurance | <input type="checkbox"/> | <input type="checkbox"/> |

Projected annual turnover £ Projected annual wage roll £

Number of skilled persons employed Number of unskilled employees

Do you share your premises with any other business or businesses? YES NO

If YES, please give a full description of the business activities of the other occupiers continuing on page 15, Additional Information if necessary

Public liability optional covers

- Tools of trade*

Do you use parts of any of your vehicles as tools of trade e.g. winches, cranes, generators, lifting gear on the road? YES NO on your own or other premises? YES NO

- Application of heat or spraying*

Do you use any equipment or carry out any processes involving the application of heat or spraying on your business premises? YES NO when working away? YES NO

If YES to either, give full details continuing on page 15, Additional Information if necessary

- Damage to leased or rented premises*

If you occupy leased or rented premises, you may be liable for damage to those premises due to your negligence.

Do you require cover? YES NO

If YES, we will require a copy of your lease or rental agreement in due course.

Public and product liability insurance and claims history

Are you currently or have you been insured for Public liability? YES NO Product liability? YES NO

If YES, give details of previous policies and insurers

| Name of present/previous insurer | Policy number | Expiry date |
|----------------------------------|---------------|-------------|
| | | |

Have any liability claims been made against you in the last 5 years whether insured or not? YES NO

If YES, give full details below continuing on page 15, Additional Information if necessary

| Date of claim | Details | Approximate cost |
|---------------|---------|------------------|
| | | |
| | | |

Employers liability

If you employ ANYONE on a full time, part time, casual or even a self employed labour basis, you are REQUIRED BY LAW to arrange and keep in force cover in respect of your legal liability for death or injury including industrial diseases arising from your business activities in the United Kingdom, Jersey, Guernsey, the Isle of Man and, if your business is based in and operates from Northern Ireland, the Republic of Ireland. The limit of indemnity is £10 million reducing to £5million for acts of terrorism. A quotation for extended territorial limits may be provided on request.

Do you require cover for Employers Liability?

YES NO

In addition to the legal requirements imposed by Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (referred to as the RIDDOR Regulations), you are required to also ensure that all injuries, regardless of how minor they may appear to be, are properly recorded in an "Accident Book". This should be kept at a central location on your premises. For further information go to the HSE (Health and Safety Executive) website www.hse.gov.uk.

Do you maintain an up to date "Accident Book"?

YES NO

If YES and you have 5 or more employees, do you have a written health and safety policy and carry out the required regular risk assessments?

YES NO

In order to comply with FCA regulations we are required to publish details of all Employers Liability policies we enter into, renew and under which a claim is made. You MUST therefore, if you have an an Employer/PAYE Reference Number (ERN), provide it and your company's registered address to us.

What is your Employer/PAYE Reference Number (ERN)?

If different from the address on page 1, what is your company's registered address?

Postcode

Provide the following information

| Category of employee | Number employed | Annual wage bill |
|---------------------------------|-----------------|------------------|
| PAYE (excluding family members) | | £ |
| Family members | | £ |
| Self employed labour only | | £ |
| Casuals | | £ |

What are the total annual drawings of you and your business partners and directors?

£

Do any family members whose remuneration is not shown above, assist in the business?

YES NO

Whilst there is no legal requirement to provide Employers Liability insurance cover for employed family members, it would be prudent to do so. Claims for injury to your family members will be excluded if you do not complete the family questions above.

Employers liability optional extension

Do you require for

- injuries to proprietors, working partners and directors caused by their colleagues' negligent acts?

YES NO

If NO, injuries sustained by directors, partners or proprietors working in the business will NOT be covered.

Employers liability insurance and claims history

Are you currently or have you been insured for employers liability?

YES NO

If YES, give details of previous policies and insurers

| Name of present/previous insurer | Policy number | Expiry date |
|----------------------------------|---------------|-------------|
| | | |

Have any liability claims been made against you in the last 5 years whether insured or not?

YES NO

If YES, give full details below continuing on page 15, Additional Information if necessary

| Date of claim | Details | Approximate cost |
|---------------|---------|------------------|
| | | |

Goods in transit

• TRAILERS

Do you own or operate trailers? YES NO

If YES, and you require cover, please complete the following

| Make and ID number | Capacity/size | Year built | Market value | What used for | Security measures when in use and when parked |
|--------------------|---------------|------------|--------------|---------------|---|
| | | | | | |
| | | | | | |
| | | | | | |

• PORTABLE TOOLS, FIXED PLANT AND FIXTURES AND FITTINGS

Do you require cover for portable tools, fixed plant and fixtures and fittings in or on a vehicle or trailer YES NO

If YES, provide the information below continuing on page 15, Additional Information if necessary

| | Description – indicate whether in or on vehicle or trailer | Sum insured | When not in use, how secured plus any additional goods compartment security measures in place |
|--|---|-------------|---|
| | Portable tools, tool kits, test and other equipment (including employee tools) | £ | |
| | Permanently fixed refrigeration, electrical, mechanical and hydraulic plant NOT supplied as original by the manufacturer or included in the value of vehicles on page 3 | £ | |
| | Permanent fixtures and fittings NOT supplied as original by the manufacturer or included in the value of vehicles on page 3 | £ | |

The sums insured given above should be for the total market value and include VAT if not recoverable.

Provide brief details of all items of portable tools, fixed plant and equipment and fixtures and fittings valued at over £1,000 per item continuing on page 15, Additional Information if necessary

• OWN STOCK IN TRANSIT

Do you require cover for your own stock and materials in trade in transit on your own vehicles or trailers? YES NO

If YES, what is the maximum value on any one vehicle or trailer? £ Total value of stock in transit? £

NO cover is provided for high risk stock (see page 38 of the policy for a full definition) but we may be able to provide a quotation for certain items on request.

• CUSTOMERS' AND OTHER GOODS

Do you require cover for customers' and other goods (couriers, hauliers, removers and the like)? YES NO

Goods are property not belonging to you but for which you are responsible under the conditions of contract, carriage or trading under which your business operates.

If YES, what indemnity limit do you require? £

Is this based on weight per tonne? YES NO Specific written conditions? YES NO

Do you act as a subcontractor for others? YES NO

Do you deal directly with your customers (as opposed to through a main contractor or agency that you act for)? YES NO

Which contract, carriage or trading conditions do you operate under? Tick all that apply

None Own conditions RHA CMR BIFA

Others e.g. UKWA, FTA, FIATA give full details

If you operate under your own contract or other non-standard trading conditions, please supply copies so that we can ensure that the cover provided dovetails with your obligations under those conditions.

Goods in transit optional covers

- European cover**

European cover is restricted to Andorra, Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Gibraltar, Greece, Hungary, Iceland, Italy, Liechtenstein, Luxembourg, Monaco, Netherlands, Norway, Portugal, Republic of Ireland, San Marino, Spain, Sweden, Switzerland and/or The Vatican

Do you require cover? YES NO

- Deterioration of frozen, chilled or perishable goods**

Do you require cover for Stock? YES NO Customer goods? YES NO

If YES, you will be required to complete a separate questionnaire before we can provide a quotation.

- Financial loss following damage to goods**

Do you require cover? YES NO

If YES, you will be required to complete a separate questionnaire before we can provide a quotation.

For full cover details and limitations, please see Optional extensions on page 40 of the policy.

- Signwriting and lock replacement**

This optional extension provides cover of 10% of the current value of the trailer for signwriting (other than on trailer curtains) and £500 in any one period of insurance for replacement locks.

Do you require cover? YES NO

Goods in transit insurance and claims history

Are you currently or have you previously insured your trailers, goods and/or stock in transit? YES NO If YES, give details below

| | Name of present/previous insurer | Policy number | Expiry date |
|------------------|----------------------------------|---------------|-------------|
| Trailers | | | |
| Goods in transit | | | |
| Stock in transit | | | |

Have you had any claims or losses in the last 5 years whether insured or not? YES NO

If YES, give full details below continuing on page 15, Additional Information if necessary.

| Date | Details | Approximate cost |
|------|---------|------------------|
| | | |
| | | |
| | | |

Road rescue

This part of the policy automatically provides Roadside Assistance for all insured vehicles other than for commercial vehicles and horseboxes which, including any loads carried, exceed 3,500kg gross vehicle weight, are more than 7m long, 3 metres high and 2.5 metres wide. For full cover details as well as the number of permitted breakdowns in a period of insurance, see Part E – Road Rescue on pages 48-57 of the policy.

Cover operates in the United Kingdom, Jersey, Guernsey and the Isle of Man and also, if your business is based in Northern Ireland and the vehicle is being used for business purposes, the Republic of Ireland.

Do you want to extend cover to include National Recovery, Homestart and European Road Rescue? YES NO

Driver's personal accident

Cover can be provided for drivers aged between 25 and 75 who are named on page 4 whilst driving, getting into or out of insured vehicles other than motorcycles, mopeds and quad bikes. No cover is provided for the loading and unloading of or use of an insured vehicle as a tool of trade.

Do you require cover? YES NO

Essential information – please read before signing the declaration

We strongly recommend that you keep a record of all information given to us and your broker, including details of telephone calls, copies of all letters, emails, the proposal form and any supplementary questionnaires you have completed. A printed copy of the policy and, for 3 months after you sign it, this proposal form is available on request. The policy is also available to download on www.tradex.com. If you require your documentation in an alternative format such as large print, please contact us or your broker. Your signing the declaration at the end of this form signifies your consent to the information being used in the ways outlined below.

It is a requirement of this insurance that you are able to provide sufficient information to substantiate any claim you make. Failure to do so may delay or prejudice your claim.

Risk management conditions

For your policy to operate fully you MUST, at all times comply with the terms, limitations and conditions which will form part of your policy. The policy wording is available to view on www.tradex.com. We strongly recommend that you read the specific and general conditions as well as the exclusions to ensure that you can comply with all our requirements. Please note that, in some instances, other more specific terms, limitations and conditions and exclusions may be imposed.

Data Protection

For the purposes of the Data Protection Act 1998, Tradex Insurance Company Limited is the Data Controller for any personal data you supply. You may, with limited exceptions and on payment of an appropriate fee, access and, if necessary, have corrected the information held about you. Should you wish to have such access, please write to The Compliance Officer, Tradex Insurance Company Limited, Victory House, 7 Selsdon Way, London E14 9GL. We will, on request, supply details of the databases, registers and agencies which we contribute to or access.

Sensitive data

Tradex as well as other participating insurers and suppliers may need to collect data which the Data Protection Act defines as “sensitive” such as criminal convictions or medical history in order to assess your renewal, make changes to your policy or to administer claims.

Employers' Liability Register

FCA regulations require us to publish details of all Employers Liability policies we enter into, renew and under which a claim is made. You are required to provide us with your Employer/PAYE Reference Number (ERN) to enable us to do so. Tradex is a member of the Employers' Liability Tracing Office and details of all policies are available on the tracing office's website at www.elto.org.uk.

Administration, management information and regulatory compliance

The information you supply may be used for insurance administration, management information including portfolio assessment, risk assessment, performance and management reporting, debt collection, offering renewal, research and statistical analysis by Tradex, its associated companies and agents, by other participating insurers and suppliers and your insurance broker, disclosed to regulatory bodies for monitoring and/or enforcing the insurers' compliance with any regulatory rules and codes of conduct, shared with other insurers either directly or via those acting for them such as loss adjusters, surveyors and investigators and shared with and checked against various databases, credit reference agencies, fraud prevention agencies and public bodies including the police.

Fraud detection and prevention

We and other participating insurers and/or their agents may, in order to detect and prevent fraud

- request information from and pass claims information to the Claims and Underwriting Exchange (CUE) managed by Insurance Database Services Limited (IDS) and the Motor Insurance Anti Fraud and Theft Register run by the Association of British Insurers (ABI)
- check your identity to prevent money laundering unless you have provided us with satisfactory proof of identity
- undertake checks against publicly available information such as the electoral roll, County Court Judgments, Individual Voluntary Arrangements and bankruptcy orders
- validate your claims history or that of any insured person or property involved in the policy or a claim.

Motor Insurance Database

It is a legal requirement that your policy details and those of the vehicles you own are added to the Motor Insurance Database (MID), run by the Motor Insurers' Bureau (MIB). MID data may be used by the DVLA and DVA for Electronic Vehicle Licensing, by the police to establish whether a driver's use of the vehicle is covered by a motor insurance policy and to prevent and detect crime. If you are involved in an accident whether in the United Kingdom or abroad, insurers may search the MID to ascertain relevant policy information. Persons with a valid claim following a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID. For more information contact us or visit the Motor Insurance Database section of the MIB website on www.mib.org.uk. You can check that your vehicle is on the MID on www.askMID.com. As you are obligated to advise every person who will be insured by the policy of these requirements, we strongly recommend that you keep a copy of the completed form and show it to everyone who will be entitled to drive under the policy.

Motor insurance database disclosure

You are required to comply with the regulations relating to the Motor Insurance Database (MID). It is therefore your responsibility to ensure that the MID is kept fully up to date. This means that you have to advise us of every registered vehicle in your possession. Failure to do so will mean that the MID is not updated. As a result you could be liable to pay a fine and the vehicle may be impounded or crushed by the police.

Cancellations and refunds

If you are not happy with the policy when you receive it, you have 14 days in which to cancel. A charge will be made for the period the cover has been in force provided there has not been a claim and no incidents have occurred which may give rise to a claim. An administration charge will also be levied.

Where you pay your premium by a deferred payment scheme of any kind, FAILURE TO PAY an instalment will result in the cancellation of the policy.

If you decide to cancel the policy after the 'cooling off period' and there has not been a claim, our standard cancellation charges will apply as detailed below. Any refund we make will, depending on the period for which the policy was in force, be less a cancellation charge of up to £25 plus Insurance Premium Tax (IPT). If your policy is a short term one, you will not be eligible for a refund.

| Months covered | 1 | 2 | 3 | 4 | 5 | 6 | 6+ |
|-----------------------|-----|-------|-----|-------|-----|-------|------|
| % annual premium used | 25% | 37.5% | 50% | 62.5% | 75% | 87.5% | 100% |
| % refund payable | 75% | 62.5% | 50% | 37.5% | 25% | 12.5% | Nil |

If we cancel the policy, you may be entitled to a pro-rata refund of premium provided there has not been a claim and no incidents have occurred which may give rise to a claim.

It is a legal requirement that, if for any reason the policy is cancelled, you must return the cover notes and/or certificates of motor insurance to us. The premium will remain payable until such time as these are received by us.

You may cancel the policy by sending us a formal electronic notice to confirm the date and time your cover ceased. Alternatively you may print a copy of your certificate of motor insurance on which you confirm the date and time that cover ceased and post a signed copy to us. If the certificate of motor insurance has been lost or destroyed, you must provide an electronic or statutory declaration to that effect (for details see www.tradex.com).

Where we cancel the policy and you have not, within seven days of receiving our letter, returned these documents in one of the ways outlined above, you will have committed an offence under the applicable Road Traffic Act. The appropriate authorities will be notified and proceedings may be commenced against you, the costs of which you may be liable to pay.

Relevant and additional risk information – *must be completed*

We rely on the information in this proposal form and supplementary questionnaires when we decide what cover to provide and how much you will pay. It is therefore essential that all the information given to us is accurate and that you have not withheld, falsified or misrepresented any material facts, relevant information or particular circumstances which may affect our assessment of your proposal or the premium we propose to charge. This includes disclosing all claims, relevant incidents and any convictions. If you are in doubt as to what you should tell us about, you should discuss it with us and/or disclose it as failure to do so may invalidate your policy, result in it not operating fully or claims payments being refused or reduced. It is an offence to deliberately make false statements and to suppress, withhold or misrepresent information.

Please remember to include all information which you consider improves your risk and which could result in a lower premium being charged.

Are there any material facts or other relevant information or particular circumstances not covered by the questions in this proposal form which you consider should be disclosed to us?

YES NO

If YES, please provide full details on page 15, Additional Information.

Declaration – *Please read carefully then sign and date*

- I/we declare that the information given and the statements made in this proposal form is, to the best of my/our knowledge and belief, true and complete and that I/we understand the implications of “Motor Insurance Database Disclosure” on page 13 and “Essential Information” on pages 12 and 13. I/we accept that this proposal will form the basis of the contract between me/us and Tradex and that I/we will pay the premium when called upon to do so.
- I/we understand that any quotation already given may change when Tradex receives and assesses the completed proposal form and any supplementary questionnaire. Tradex has the right to impose special terms or decline this proposal.
- I/we have read “Material facts and additional risk information” above and have provided an answer to the question posed. I/we have not suppressed, misrepresented or failed to disclose any material facts, relevant information or particular circumstances which would be likely to influence the assessment or acceptance of this proposal. I/we understand such suppression, misrepresentation or failure may lead to Tradex refusing to pay a claim or reducing the amount paid, cancelling or avoiding the policy and retaining any premium paid.
- I/we have fairly assessed my/our turnover and wage bill.
- I/we understand that if Tradex do not receive proof of no claims bonus within 60 days of cover incepting, they will charge an additional premium and may, at their option, cancel the policy.
- I/we understand that if I/we report an incident more than 14 days after an occurrence involving a vehicle and for which Tradex receives a claim for compensation from a third party, the policy may be cancelled. Tradex may hold any refund of premium against payments they are obliged to make because of their Road Traffic Acts liabilities and also recover any other amounts they become liable to pay due to late notification. In addition, my/our claim for damage to the vehicle may be prejudiced and I/we may forfeit any accrued No Claims Bonus.
- I/we understand that Tradex, participating insurers and their agents may, at any time from my/our completing this proposal to the time the policy is cancelled or lapsed, request information from and pass information to the Claims and Underwriting Exchange (CUE) which is managed by Insurance Database Services Limited (IDSL) and the Motor Insurance Anti Fraud and Theft Register (MIAFTR) run by the Association of British Insurers. I/we understand that any information received will be made available to other insurers and/or the police. I/we understand that this will include the validation of my/our claims history as well as that of any person likely to be involved in this policy or a claim.
- I/we understand that my/our information may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing compliance with any regulatory rules or codes. I/we consent to Tradex checking other databases including, but not limited to, information held by credit agencies.
- I/we understand that the signing of the proposal form and declaration does not bind me/us to complete the insurance and that cover will not be in force until this proposal has been accepted and confirmation of cover is in my/our possession. I/we agree to accept the terms, conditions, exclusions and limitations of the policy.

For your own benefit and protection you should read “Essential information” and “Material facts and additional information” carefully before signing below. If necessary, ask your broker or us for an explanation or more information.

PROPOSER'S SIGNATURE

FULL NAME

POSITION IN THE BUSINESS

DATE

If any part of this form has been completed by anyone other than proposer, please give the full name of the person who has done so and the relationship to the proposer e.g. broker, employee

Additional information

If there is insufficient space elsewhere in this form, use the space below, continuing on an additional page if necessary. Please remember to include any information which may improve your risk and result in a lower premium being charged.

Page



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