

• MOTOR TRADE INTERNAL RISKS INSURANCE • PROPOSAL FORM

In completing the Proposal Form please ensure that questions are answered fully and accurately and where necessary schedules giving further explanation are provided.

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters.

A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

Vat No.:

<p>1. (a) Name of Proposer:</p> <p>(b) Address:</p> <p>(c) Telephone No./Fax No.:</p> <p>(d) Email address:</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>2. (a) Where are the premises located?</p> <p>(b) How long have you carried on business there?</p> <p>c) When were the premises constructed?</p> <p>d) Are the premises used only for the purpose of motor garage, workshop, or showroom?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If not, give details.</p> <p>e) What is total area of the premises (include the land and buildings occupied for the purpose of your motor trade business)</p> <p>f) How many petrol pumps and fuel storage tanks are there on the premises?</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>g) Give details of any power-driven cranes, elevators, lifts or hoists on the premises (other than vehicle hoists having a lifting capacity not exceeding 6 feet or its equivalent)</p> <p>h) Do you require cover in respect of any adjoining area outside your premises used as a parking place for vehicle? If so, give details and the area involved</p>	<p>.....</p> <p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p>
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<p>3. Give the total estimated annual turnover</p>	<p>.....</p>
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<p>4. Do you carry out any work outside your premises at places not under your control ?</p> <p>If 'yes', please state:</p> <p>a) type of work done</p> <p>b) address of location where work is done</p> <p>c) estimated annual earnings in relation to such work</p> <p>d) maximum number of vehicles in the workshop at any one time</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>5. Do you have in force with the company:</p> <p>a) a motor trade policy relating to the use on the road of vehicles you handle in the course of your business?</p> <p>If so, quote the Policy Number.</p> <p>b) Fire and theft Policies covering all vehicles on your premises?</p> <p>If so, quote the Policy Numbers</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p>
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<p>6. Are you now Insured, or have you ever proposed for this class of insurance?</p> <p>If so, please give particulars including name of the insurer</p>	<p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p>
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<p>7. Has any insurer</p> <p>a) cancelled, declined to accept or to continue your insurance?</p> <p>b) required a specially increased premium or imposed special conditions?</p> <p>NOTE: In each case, please give the date and full details including the name of the Insurer.</p>	<p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p>
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8. Give particulars below of any claims made on you or by you during the last 3 years :-						
		TOTAL COST OF SETTLED CLAIMS			OUTSTANDING CLAIMS	
Year	Total number of Accidents	Death/Injury Third Party	Third Party Property damage	Damage to your own vehicles	Number	Estimated cost

<p>9. Which type of cover do you require?</p> <p>a) Damage to own vehicles and third party liability</p> <p>b) Third Party liability only</p>	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>
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<p>10. If you select (a) above, what Limit of Indemnity do you require cover in respect of:-</p> <p>(a) damage to your own vehicles (under Section I)?</p>	<p style="text-align: center;">\$ any one accident or number of accidents out of one cause.</p>
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<p>11. What Limit of Indemnity do you require cover in respect of Liability to Third Parties (under Section II)</p> <p>(i) Accidental death or bodily injury to any person.</p> <p>(ii) Accidental Damage motor vehicle or property</p> <p>(iii) What excess (deductible) are you prepared to carry?</p> <p>(iv) Do you require clients to sign a disclaimer?</p>	<p>\$ _____ any one accident or number of accidents out of one cause.</p> <p>\$ _____ any one accident or number of accidents out of one cause.</p> <p>\$ _____ any one accident or number of accidents out of one cause.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

Declaration

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed by Principal/Partner

Name (Please print)

Signature Date