



COMMERCIAL MOTOR FLEET PROPOSAL FORM

Proposer(s)

Company or trading name if different

Policy or cover note number

Inception date

Broker/Agent

Tradex Insurance Company Limited

Victory House, 7 Selsdon Way, London E14 9GL

T: 0845 373 1321

F: 020 7959 7530

Email: sales@tradex.com

www.tradex.com



COMPLETING THIS FORM

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. In some instances we may ask you to complete supplementary questionnaires for certain types of vehicles, occupations and optional covers.

Guide to answering questions: **REQ** Must be completed **POS** Complete in full if cover required **OPT** Optional covers available.

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, continue on page 14, Additional information, if necessary.

Commencement date Current Tradex policy number, if any

REQ PROPOSER'S DETAILS

Name of proposer(s)

Company/trading name(s) if different

Address

Postcode

Is this your home address? business address?

Is this the registered address of your business? Yes No

How long have you occupied this address?

Telephone

Mobile

Describe your business activities

How long have you been in business?

Are you a Sole trader? Partnership? Limited company?

Company registration number, if applicable

Are you registered for VAT? Yes No

If Yes, give your VAT registration number

Type of property e.g. business premises, house, shop or office and whether owned, shared, leased or rented.

Email

Are you legally required to have goods vehicle operating licence(s)? Yes No If Yes, complete the table.

Type	Number	Type	Number
Standard international <input type="checkbox"/>		Restricted <input type="checkbox"/>	
Standard national <input type="checkbox"/>		Community <input type="checkbox"/>	

If you have been trading for under a year, provide details of your employment for the last 5 years. Continue on page 14, Additional information if necessary.

From	To	Name of employer	Job description

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

IMPORTANT: If you or any partner or director has been known by any other names, provide full details on page 14, Additional information.

REQ YOUR VEHICLES

Is the proposer the registered keeper of ALL the vehicles? Yes No

Are any vehicles hired in, leased or borrowed on a long term basis? Yes No

Are any vehicles temporarily hired in or borrowed? Yes No

If Yes, how many in the last 12 months?

If the proposer is not the registered keeper or vehicles are hired in, leased or borrowed, please provide full details, continuing on page 14, Additional information, if necessary.

Do you have a vehicle renewal programme? Yes No

If Yes, how often do you change the vehicles in your fleet?

How often do you check the vehicles?

How often are the vehicles serviced? cleaned?

Where are the keys kept when the vehicles are not in use?

If there isn't sufficient space to list all the vehicles to be insured, please request the appropriate supplementary form from your broker or agent or download it from www.tradex.com and complete accordingly.

Provide the following details.

Registration number	Make and model	Year	Engine (cc/ GVW)	Current market value £	Typical annual mileage	Parking postcode	Cover (Comp, or TPO)



Registration number								Make and model	Year	Engine (cc/ GVW)	Current market value (£)	Typical annual mileage	Parking postcode	Cover (Comp, or TPO)

Are all the vehicles used for business purposes? Yes No

If No, give the vehicle registration numbers and describe what they are used for, continuing on page 14, Additional information if necessary.

Registration number								Uses

Note: The policy excludes the carriage of hazardous goods, use as a tool of trade, airside, within power stations, nuclear installations, refineries, bulk storage or production premises in the oil, gas and chemical industries.

Do the vehicles have signwriting on them? Yes No

If Yes, is the signwriting removable? painted? vinyl wrapped?

Does it cover under 25% of the vehicle bodywork? over 25% of the vehicle bodywork?

Have any of the vehicles been modified? Yes No If Yes, provide full details.

Registration number								Modifications

REQ PARKING, STORAGE AND REPAIR ARRANGEMENTS

Where are the vehicles stored when not in use?

Where are the keys kept when the vehicles are not in use?

Parking storage and repair arrangements – continued

Do you operate your own repair or servicing facilities? Yes No If Yes, provide full details.

If No, are your repairs and/or servicing carried out at a particular garage? Yes No If Yes, provide full details.

Do you have a motor trade policy to cover the vehicles when not in use or when being serviced or repaired? Yes No If Yes, complete the table.

Name of insurer	Policy number	Expiry date

REQ VEHICLE SECURITY

Have you fitted security devices to any of your vehicles (other than the standard system(s) fitted by the manufacturers)? Yes No If Yes, provide details. Continue on page 14, Additional information if necessary.

Registration	Security device(s) fitted

REQ TELEMATICS AND/OR CCTV

Have you fitted telematics, CCTV or cameras to any of your vehicles? Yes No If Yes, provide details. Continue on page 14, Additional information if necessary.

Registration	Type of equipment fitted



REQ THE DRIVERS

How many employees in total are authorised to drive your vehicles?

The standard policy will provide cover for business use of the vehicles by employed drivers aged 25 to 65 who have held appropriate full and valid United Kingdom licence(s) for 3 years.

How many of your drivers are aged between 21 and 24? over 65?

Subject to the satisfactory completion of additional drivers' forms, cover may be provided on a named driver basis for those drivers aged under 21 or between 70 and 75 and for those who have held full and valid licence(s) for under 3 years.

How many drivers have held appropriate full and valid United Kingdom licence(s) for under 3 years?

NOTE: You are required to check all drivers' licences on a regular basis. You will be required to provide a copy of each driver's licence(s).

How often do you check the drivers' licences? Do you retain copies? Yes No

Do you assess their driving ability? Yes No

Do the drivers need to complete an application form before being employed? Yes No

Are drivers supplied with details of what to do in the event of an accident? Yes No

Do you interview each driver after an accident has occurred? Yes No

REQ CONVICTIONS, PENDING PROSECUTIONS, OFFENCES AND DISQUALIFICATIONS

Have you or anyone who will be insured by this policy

- been convicted of ANY **motoring offence** (other than parking), sustained a fixed penalty which has resulted in the driving licence being endorsed or have a prosecution or enquiry pending? Yes No
- received ANY police cautions, antisocial behaviour orders, been convicted of or charged with but not yet tried for ANY **non-motor offences** or are any police enquiries pending whether in the United Kingdom or elsewhere? Yes No

If Yes, provide FULL details below including all dates and, for motor offences, the offence code(s), the fine amount(s) and length of any ban (not restricted to the United Kingdom), continuing on page 14, Additional information if necessary.

Full name	Details

REQ BANKRUPTCY, INSOLVENCY AND COUNTY COURT JUDGMENTS

In the last 10 years have you, any partner or director of the business or driver to be insured

- had County Court Judgments issued against them in England and Wales and/or orders or judgments for debt in other jurisdictions which have not been satisfied, set up an Individual Voluntary Arrangement (IVA), been disqualified from acting as a company director for any period of time or been declared bankrupt or insolvent? Yes No
- been a director of a company that has gone into liquidation, receivership, which has been the subject of an administration order or which has been dissolved? Yes No

If Yes, give full details including dates, individual, company and trading names, continuing on page 14, Additional information if necessary. You may also be required to complete a separate questionnaire.

Full name	Details

REQ 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, DVA (NI)? Yes No

If Yes to any, give full details below continuing on page 14, Additional information if necessary.

Name	Disability or condition	Date of diagnosis	Restricted licence ✓

REQ CLAIMS RECORD

Give full details of ALL claims or incidents (including malicious damage) in the last 5 years involving the proposer(s) and any driver to be insured regardless of blame and whether insured or not. If NONE, tick NONE or provide full details below continuing on page 14, Additional information if necessary.

NONE

Date of incident	Driver's name	Vehicle make & model	Brief description including any injuries sustained	Third party costs £	Own damage costs £	Recovered Yes/No

In the last 5 years, have you or any of the drivers been involved in a claim for compensation following a motor accident?

Yes No

If Yes, give full details and state whether that person was a driver or a passenger and the injuries sustained.

REQ INSURANCE HISTORY

Have you or any other person to be insured by this policy	If Yes, give full details below continuing on page 14, Additional information if necessary.	
Been refused insurance or renewal of a policy? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Had a policy cancelled due to non payment of premium or for any other reason? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Had a policy avoided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Been asked to agree to special terms or premium? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Had a claim repudiated or refused? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**REQ** CURRENT OR PREVIOUS INSURERS

Name of current/previous insurer	Policy number	Expiry date	Type of policy

NOTE: You must provide the confirmed claims experience from your insurer NOT your broker or agent. If we do not receive this within 30 days of cover inception, we will charge an additional premium and may, at our option, cancel the policy.

Are the vehicles currently fleet rated? Yes No

Are the vehicles currently no claim bonus rated? Yes No

POS EXCESS 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 the standard excess.

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

Note: The policy includes a late notification excess of £2,500 for all claims not reported to us within 14 days of the occurrence or discovery.

POS THIRD PARTY PROPERTY DAMAGE LIMIT

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

OPT OPTIONAL EXTENSIONS FOR COMPREHENSIVELY INSURED VEHICLES**Windscreen**

Do you require cover? Yes No

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

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, signwriting 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 signwriting and £500 in any one period of insurance for replacement locks

Do you require cover? Yes No

POS PUBLIC 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 the operation of your business and/or any other declared business activities carried out at your premises or whilst working away elsewhere in the United Kingdom.

For this part of your policy to operate fully you MUST, at all times comply with the specific risk management conditions as well as the general conditions which apply to the policy as a whole.

Do you require cover for public liability? Yes No

If Yes, would you like to increase the standard limit of indemnity of £1,000,000 for any one claim to £2,000,000 or £5,000,000

Projected annual turnover £ Projected annual wage roll £

Number of skilled employees Number of unskilled employees

Public liability – continued

Do you share your premises with any other business or businesses? Yes No

If Yes, give a full description of the business activities of the other occupiers continuing on page 14, Additional information if necessary.

OPT PUBLIC LIABILITY OPTIONAL EXTENSIONS

Tools of the 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

If Yes to either or both, do you require cover? 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 or both, do you require cover? Yes No

If Yes, give full details continuing on page 14, 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.

Damage to underground cables, pipes and other underground services

If you or anyone working on your behalf carries out digging, boring, tunnelling and/or excavation work, you may be liable for actual damage to underground cables, pipes and other underground services. (See the policy for full details of the cover available and the specific conditions that apply.)

Do you require cover? Yes No

If Yes, give full details of the type of work carried out continuing on page 14, Additional information if necessary.

Tick to confirm that you comply with the policy requirement to

- identify the exact location of the underground services by contacting the appropriate authorities, a 'Dial before you dig' service and/or the owners of the services
- keep a written record of the measures taken to locate the services as well as any drawings or other information you have obtained
- ensure that you advise the location of the services to everyone carrying out the work.

POS PUBLIC LIABILITY CLAIMS HISTORY

Are you currently or have you been insured? Yes No If Yes, complete the table.

Name of current or previous insurer	Policy number	Expiry date

Have any 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 14, Additional information if necessary.

Date	Details	Approximate cost
		£
		£
		£



POS 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. The limit of indemnity is £10 million reducing to £5 million for acts of terrorism.

Do you require cover for Employers Liability?

Yes No

If Yes, how many people do you employ? PAYE employees Self employed Casuals Family

You MUST if you have an Employer Reference Number (ERN), provide it and, if applicable, your company's registered address. In order to comply with FCA regulations we are required to publish details of all Employers Liability policies we enter into, renew or under which a claim is made. See www.elto.org.uk for full details.

What is your Employer Reference Number (ERN)?

If applicable, what is your company's registered address?

Postcode

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 also required to 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.

Do you maintain an accident book?

Yes No

If Yes and you have 5 or more employees, do you carry out regular risk assessments?

Yes No

What is your annual wage bill for? PAYE employees (excluding family members) £

Family employees £

Self employed labour only or casual employees £

What are your annual drawings and those of your partners or 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.

OPT EMPLOYERS LIABILITY OPTIONAL EXTENSION

Do you require cover for injuries to proprietors, working partners and directors caused by colleagues' negligent acts?

Yes No

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

REQ EMPLOYERS LIABILITY INSURANCE AND CLAIMS HISTORY

Are you currently or have you been insured for Employers Liability?

Yes No

If Yes, give details of your current or previous insurance.

Name of current or previous insurer	Policy number	Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have any Employers 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 14, Additional information if necessary.

Date of claim	Details	Approximate cost
<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>

REQ IMPORTANT INFORMATION – Please read before signing the declaration

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

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 conditions which will form part of your policy. The policy wording is available to view at 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, conditions and exclusions may be imposed.

Data protection – information uses

For the purposes of the Data Protection Act 1998 and any subsequent or amending legislation, Tradex Insurance Company Limited (Tradex) 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 to which we contribute or access. More information about data protection can be found on the Information Commissioner's Office website on www.ico.org.uk.

Sensitive data

Tradex as well as other participating insurers, agents 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 this proposal, your renewal, make changes to your policy and/or to administer claims.

Motor Insurance Database

It is a legal requirement that details and registrations of the vehicles you own are added to the Motor Insurance Database (MID) which is managed by the Motor Insurers' Bureau (MIB). MID data may be used by certain statutory and/or authorised bodies including the police, the DVLA, the DVA, the Insurance Fraud Bureau, for electronic vehicle licensing, Continuous Insurance Enforcement, preventing and detecting crime, reducing the incidence of uninsured driving and for the provision of government and other services.

Other insurers and the MIB may search the MID to ascertain relevant policy information if you have been involved in a road accident whether in the United Kingdom or abroad. Additionally, anyone 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 MID section of the MIB website on www.mib.org.uk.

Employers' Liability Register

Financial Conduct Authority regulations require us to publish details of all Employers Liability policies we enter into, renew or under which a claim is made. You are required to provide us with your Employer Reference Number (ERN) and, if a company, your registered address, 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 and by other participating insurers and suppliers, 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. We may, in addition, contact you by text or email regarding claims, payment defaults and policy administration.



Fraud detection and prevention

We and other participating insurers and/or their agents and suppliers 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 (IDSL) and the Motor Insurance Anti Fraud and Theft Register (MIAFTR) 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 in England and Wales and/or orders or judgments for debt in other jurisdictions, 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 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 a "cooling off period" of 14 days in which to cancel. Any refund given will be subject to the payment of the premium for the period that cover has been in force provided that, if a claim has been made or an incident which may give rise to a claim has occurred, the full annual premium remains payable and no refund will be allowed. A policy charge of £35 plus IPT will also be levied.

If you cancel all or part of the policy after the 'cooling off period', you may be entitled to a refund but not

- if a claim has been made or there has been an incident which may give rise to a claim
- until we have received the current certificates of motor insurance, cover notes and/or employers liability certificate
- if the period of insurance is less than 12 months.

The basis for calculating refunds will be

Part A – Motor

A portion of the annual premium depending on the number of months the policy was in force.

Months covered – up to	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

Part B – Legal liabilities

A pro-rata refund of premium.

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 from the date of the default and NOT the date we notify you.

In all instances a policy charge of £35 plus Insurance Premium Tax will be levied.

If we cancel the policy, you may be entitled to a pro-rata refund of premium but not if a claim has been made or there has been an incident which may give rise to a claim.

NOTE:

Full cancellation conditions and procedures are detailed in the policy which is available to view at www.tradex.com.

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

You may cancel the policy by sending Tradex a formal notice by email to policy.cancellation@tradex.com 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

Policy Cancellations, Underwriting Department, Tradex Insurance Company Limited, Victory House, 7 Selsdon Way, London E14 9GL.

If the certificate of motor insurance has been lost or destroyed, you must provide a declaration by email or a statutory declaration to that effect. 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 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.

Financial Services Compensation Scheme

Tradex Insurance Company Limited is covered by the Financial Services Compensation Scheme (FSCS) which protects you in the unlikely event that the insurer is financially unable to pay claims made against it. For cover required by the Road Traffic Acts or any other form of compulsory insurance, you would be covered in full for any claim. For all non compulsory insurances, the FSCS will meet a maximum of 90% of any claim for compensation. In both cases, there is no upper limit. Full details are available on the FSCS website www.fscs.org.uk or by writing to

The Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London EC3A 7QU

REQ PROVIDING ESSENTIAL INFORMATION – MUST BE COMPLETED

We rely on the information in this proposal form and supplementary questionnaires when we decide what cover to provide, how much you will pay and what excesses will be imposed. It is therefore of the greatest importance that all the information given to us is accurate, complete and that you, the vehicle owners and all the drivers to be insured have not withheld, falsified or misrepresented any essential information. Essential information is defined in the policy as "All information and any particular circumstances which would influence us in our decision to provide or restrict cover and to set the level of premium and excess(es)". This includes disclosing all claims, relevant incidents, any convictions, licence endorsements and any disciplinary action taken. If you are in doubt as to what you should tell us about, you should discuss it with your broker or agent and/or disclose it as failure to do so may invalidate your policy, result in it not operating fully, claims payments being refused or reduced, your premium being revised or retained, the extent of cover, the terms, conditions, exclusions and/or policy excess(es) being revised.

It is an offence to deliberately make false statements and to withhold or misrepresent information.

Is there any essential information 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 below, continuing on on page 14, Additional information if necessary.

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



REQ DECLARATION – PLEASE READ CAREFULLY THEN SIGN AND DATE

- I/we declare that the information given and the statements made in this proposal form and any supplementary questionnaires are, to the best of my/our knowledge and belief, true and complete and that I/we understand the implications of “Important information” and “Motor Insurance Database disclosure” on pages 10 and 11. I/we accept that this proposal and any supplementary questionnaires I/we have completed will form part 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 “Providing essential information” above and have provided an answer to the question posed. I/we have not suppressed, misrepresented or failed to disclose any important information or particular circumstances which would be likely to influence the assessment or acceptance of this proposal. I/we understand any such suppression, misrepresentation or failure may invalidate my/our policy, result in it not operating fully, the premium and/or extent of cover being revised, a claim payment being refused or reduced and any premium I/we have paid being retained.
- I/we have fairly assessed my/our turnover and wage bill.
- I/we understand that if Tradex does not receive the confirmed claims experience from my/our previous insurer within 30 days of cover incepting, they will charge an additional premium and may, at their option, cancel the policy.
- I/we understand that Tradex must receive a copy of each driver’s licence(s) within 30 days of cover incepting or the policy may be cancelled or the driver(s) whose licences remain outstanding removed.
- 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 claim bonus.
- I/we understand that Tradex may, at any time from my/our completing this proposal and any subsequent documentation 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 re-read “Important information” and “Providing essential information” carefully before signing below. If necessary, ask your broker, agent or us for an explanation or more information.

Policyholder’s signature

Full name

Position in business

Date

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



OPT 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.

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