

HOMEFLEET EXTENDED EUROPEAN AND FOREIGN USE



Policyholder
Policy number

Broker
Cover start date

Your policy includes cover for your vehicles in the policy's territorial limits for up to 45 days per trip. Cover may be available for longer trips in as well as trips of any length outside these territorial limits and for vehicles you keep in the territorial limits for more than 45 days in any period of insurance. For a full definition of the territorial limits see page 6 of the policy.

COMPLETING THIS FORM

Please complete this 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 an additional sheet.

EUROPEAN AND FOREIGN USE EXTENDED COVER OPTIONS

Trips in the territorial limits for longer than 45 days and trips of any duration outside those limits

Do you require cover? Yes No If Yes, provide the information requested below

Registration number	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the vehicle taken out of the territorial limits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
If YES, list the countries																		
Number and length of trips	No. times per year <input type="checkbox"/>	Average number of days per trip <input type="checkbox"/>	Maximum number of days per year <input type="checkbox"/>	No. times per year <input type="checkbox"/>	Average number of days per trip <input type="checkbox"/>	Maximum number of days per year <input type="checkbox"/>	No. times per year <input type="checkbox"/>	Average number of days per trip <input type="checkbox"/>	Maximum number of days per year <input type="checkbox"/>	No. times per year <input type="checkbox"/>	Average number of days per trip <input type="checkbox"/>	Maximum number of days per year <input type="checkbox"/>	No. times per year <input type="checkbox"/>	Average number of days per trip <input type="checkbox"/>	Maximum number of days per year <input type="checkbox"/>	No. times per year <input type="checkbox"/>	Average number of days per trip <input type="checkbox"/>	Maximum number of days per year <input type="checkbox"/>
Do you require business use cover? <i>Only available if you already have business use cover</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you travel to a home which you own, a time-share or similar property, give the full address																		
Give details of where you park the vehicle overnight e.g. driveway, road, car park, in your own garage, elsewhere																		

Continue for further cover options and declaration >>

Vehicles kept in the territorial limits for over 45 days per period of insurance

This optional cover is available for those United Kingdom registered and taxed vehicles which you keep in the territorial limits for over 45 days in any period of insurance. These vehicles must be recorded on the Motor Insurance Database and, if required, have a current MOT certificates.

Do you require cover? Yes No If Yes, provide the information requested below

Registration number												
When in residence - give the address if the vehicle is not kept at the address given above?												
- where is it parked overnight e.g. driveway, road, car park, in your own garage, elsewhere												
When not in residence, do you park or store the vehicle	✓				✓				✓			
- in a locked garage?	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
- in a public car park which has restricted or controlled access	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
- in a manned, secure airport facility?	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
If elsewhere, give full details alongside including the address and list all security precautions taken												

DECLARATION – PLEASE READ CAREFULLY THEN SIGN AND DATE

Policyholder’s declaration

- I/we declare that the information given and the statements made in this form are to the best of my/our knowledge and belief, true and complete. I/we acknowledge that this form will become part of the completed proposal and its declaration I/we originally completed. 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 this completed form. Tradex has the right to impose special terms or decline to provide cover.

For your own benefit and protection you should re-read this and your original proposal form carefully before signing below and, if you have any queries, speak to your broker or us.

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

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