

Policyholder Policy no.

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.

The following key is there to help you to complete the correct parts of the form

- REQ** Must be completed **POS** Complete in full if cover required **OPT** Optional covers available.

REQ ADDITIONAL DRIVERS

If any driver named below will be using an insured vehicle for any purpose other than motor trade and, if permitted by the policy, social domestic and pleasure use or commuting e.g. for other businesses or occupations, those uses must be declared below and shown on the certificate of motor insurance and policy schedule. You must provide a copy of each driver's licence(s). If we do not receive these within 30 days of cover incepting we may, at our option, cancel the policy or remove those driver(s) whose licences remain outstanding.

Key to completing the table below:

- Driver status** **D** = Director, proprietor, business partner **S** = Spouse, partner
 N = named driver e.g. casual driver, employee, self employed worker or family member
- Licence type** **F** = Full **P** = Provisional **HGV** = Heavy goods vehicle **PSV** = Public service vehicle
- Uses** **MT** = Motor trade **SD&P** = Social, domestic and pleasure

Provide the details requested for all drivers to be insured.

Driver's full name	Age	Date of birth	Driver status			Home postcode	Licence type				Years held	Uses (Tick all that apply)		
			D	S	N		F	P	HGV/PSV	Country of issue		MT	SD & P	Other

If cover is required for any of the drivers' non-motor trade business activities, other occupations and/or travelling to and from work (commuting), provide full details. Continue on an additional sheet if necessary.

Driver's full name	Non-motor trade business activities and occupations	Weekly business and/or commuting mileage

REQ DISABILITIES AND MEDICAL HISTORY

If any of these drivers has an uncorrected defect in vision or hearing, any physical or mental infirmity including loss of or restricted limb movement, heart disease, diabetes, epilepsy or a chronic condition requiring notification to the DVLA, DVA (NI) provide the details below. Continue on an additional sheet if necessary.

Name	Disability or condition	Date of diagnosis	Restricted licence

REQ PREVIOUS CLAIMS AND MOTOR VEHICLE ACCIDENTS

Have there been any claims or accidents, including malicious damage in the last 5 years involving you or any driver to be insured whether the accidents or claims were insured or not? Yes No

If Yes, give FULL details below continuing on an additional sheet if necessary.

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

Have you or anyone to be insured by this policy been involved in claiming compensation in the last 5 years? Yes No

If Yes, give full details below and state whether the driver was a motorist or a passenger? Continue on an additional sheet if necessary.

REQ CONVICTIONS, PENDING PROSECUTIONS, OFFENCES AND DISQUALIFICATIONS

Have any of the drivers named above

- 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 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). Continue on an additional sheet if necessary.

Full name	Details

REQ BANKRUPTCY, INSOLVENCY AND COUNTY COURT JUDGMENTS

In the last 10 years have any of the drivers named above

- had County Court Judgments issued against them in England and Wales and/or orders or judgments for debt in other jurisdictions, 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, 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 an additional sheet if necessary. You may also be required to complete a separate questionnaire.

Full name	Details

REQ INSURANCE HISTORY

If any of the drivers named above have been refused insurance or renewal of a policy; had a policy avoided or policy cancelled due to non payment of premium or for any other reason; been asked to agree to special terms or premium or had a claim repudiated or refused, give full details below. Continue on an additional sheet if necessary.



OPT OPTIONAL EXTENSIONS

Driving other vehicles for social, domestic and pleasure purposes

The policy allows named drivers to drive business and personally owned vehicles insured by the policy for both motor trade and social, domestic and pleasure purposes. Other insured vehicles may be driven ONLY for motor trade purposes. This optional extension will provide cover for any of the drivers named above who are aged 25 and over to drive vehicles which are not regularly available to, owned by or hired to the policyholder or another insured driver for social, domestic and pleasure use in the United Kingdom only. Motorcycles can be covered but not minibuses, coaches, quad bikes or vehicles with a gross vehicle weight of more than 3.5 tonnes. (See pages 12 and 13 of the policy for full details.) In addition, all excesses, terms, conditions, exclusions and other policy limitations apply.

Note: Comprehensive cover is available only if ALL business and personally owned insured vehicles are comprehensively insured.

Do you require cover? Yes No

If Yes, do you require cover for ALL named drivers listed under Additional drivers on page 1? Yes No

If No, provide the names of the specific additional drivers to be insured under this extension ALL of whom must all be listed under Additional drivers on page 1.

Driver's name	√ Third party	√ Comprehensive	√ Motorcycles
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> maximum cc <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> maximum cc <input type="text"/>

REQ DECLARATIONS

Drivers' declaration – must be signed by the drivers named above

- 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.

Drivers' signatures	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full names	<input type="text"/>	<input type="text"/>	<input type="text"/>

Policyholder's declaration – must be read carefully then signed and dated

- 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.
- I/we understand that if Tradex does not receive a copy of each driver's licence(s) within 30 days of cover incepting they may, at their option, cancel the policy or remove the driver(s) whose licences remain outstanding.

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

Policyholder's signature	<input type="text"/>	Full name	<input type="text"/>
Position in business	<input type="text"/>	Date	<input type="text"/>

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.

Tradex Insurance Company Limited, Victory House, 7 Selsdon Way, London E14 9GL.
Tel: ! \$\$\$ \$" \$ \$! \$! Fax: 020 7959 7530 Email: sales@tradex.com Web: www.tradex.com