



THE MOTOR TRADER CAR JOCKEY 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

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www.tradex.com

MOTOR TRADE | COMMERCIAL | UNUSUALS | TAXIS | HOMEFLEET | A RANGE OF UNIQUE POLICIES



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 you, the better the terms and premiums we quote. You may be asked to complete supplementary questionnaires and also a self survey form or our surveyor may need to visit your premises to carry out a survey.

We strongly recommend that you read the specific and general conditions and exclusions in the policy before completing this form and any supplementary questionnaires we may require. A full copy of the policy can be viewed on www.tradex.com.

Guide to answering questions:

REQ

Must be completed

POS

Complete 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, please continue on the additional information sheet, photocopying it if necessary.

Commencement date

Current Tradex policy number, if any

REQ

PROPOSER'S DETAILS

Name of proposer(s)

Company/trading name(s), if different

Postal address

Company registered number, if applicable

Postcode

Are you a
Sole trader? Partnership? Limited company?

Is this your Home address? Business address?

Business telephone

Email

Mobile

Website

If not given above, give your home address and the names and home addresses of your 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"/>

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

REQ

YOUR BUSINESS

When was the business started?

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

Your business - continued

Give a brief general description of your car jockey business including the types of client for which you park customer vehicles e.g. on your own account, hotel, airport valet parking, private parties. (More detailed information is requested below.)

Estimated turnover for the coming year £

Are you registered for VAT? Yes No If Yes, give your VAT registration number

Do you employ anyone whether full time or casual? Yes No

If Yes, you MUST complete the Employers liability questions on page 9 as you are REQUIRED BY LAW to have cover.

Indicate whether you are a member of ParkMark – Safer parking scheme The Trading Standards Buy With Confidence Scheme

Give details of any other associations to which you belong

Do you carry out your car jockey business solely at/from customer venues? Yes No

If No, and you operate your own car park(s), please complete Parking and car park details on page 4.

If Yes, No fixed location(s) One fixed location? Multiple fixed locations?

If no fixed locations e.g. private parties, festivals, give details of a typical location including where the vehicles are parked, the security measures put in place, the keeping of vehicle records and key storage.

If one or more fixed locations, give details below continuing on page 14, Additional information if necessary.

Venue type <small>e.g. hotel, restaurant, nightclub, golf club</small>	Name	Address
		Postcode

REQ CURRENT OR PREVIOUS INSURANCE

Provide the details requested below, continuing on page 14, Additional information if necessary.

Insurer	Policy number	Expiry date	Type of policy <small>e.g. motor trade, private car, commercial</small>

Note: This policy is not bonus rated.

REQ VEHICLES ENTRUSTED TO YOU

Tick all that apply. Standard Sports and high performance Vintage Motorcycles

Other, give details



Average number of vehicles handled in any one day

Maximum value per vehicle £

Maximum number of vehicles for which you are responsible at any one time

Maximum value of all vehicles at any one time £

REQ SECURITY MEASURES TAKEN WHEN VEHICLES ARE UNATTENDED

Do you always ensure that

- all the vehicles are locked and secure? Yes No
- fitted security devices are activated? Yes No
- If No, do you advise the customer that the security devices will not be activated? Yes No
- the customer puts up the hood of a convertible before you take control of the vehicle? Yes No

Before taking control of any vehicle are all your drivers instructed to

- ensure that customers remove any contents from the vehicle or leave them in the boot? Yes No
- inspect the vehicle for damage, scratches and blemishes? Yes No
- record the vehicle's mileage? Yes No

If Yes to either or both, how are the details recorded and stored?

Do you keep records of the vehicles for which you are responsible? Yes No

If Yes, provide details including where they are stored and for how long they are kept

Are all vehicle keys tagged? Yes No

Where are the vehicle keys stored and what security measures are taken to ensure their safekeeping?

Do you display a disclaimer notice stating that the management have no responsibility for the vehicles once they are parked? Yes No

POS OTHER SERVICES OFFERED

Do you offer?

- Valeting/car washing Servicing Fuel or washer fluid top up? Tyre changes and/or top up?

Other, give details

Are these services carried out by You? Subcontractors on your premises? On subcontractors' premises

If carried out on subcontractors' premises

Do you deliver vehicles to the subcontractor? Yes No

Are the vehicles ever left there overnight? Yes No

If Yes, give details

REQ PARKING AND CAR PARK DETAILS

Where do you park the vehicles? Tick all that apply.

On the venue's own premises? On private land? On the road? In a car park?

If in a car park, complete the following

Address	Type e.g. open site, multi-storey, public, exclusive	Owned, operated managed by you √	Approx. distance from pick up address	Maximum no. of cars parked per day
Postcode				

Note: If you own, operate or manage the car park and you will be insuring the vehicles on your own premises, please answer the questions on pages 7 and 8.

REQ COVER REQUIRED

What level of cover do you require? Third party only? Accidental damage, fire and third party liability?

The policy provides cover for movement of vehicles within a radius of ¼ mile (or metric equivalent) of your premises or the venue address.

Is a wider radius required? Yes No If Yes, give the radius for which cover is required

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 £10,000,000

POS PERMANENTLY OWNED BUSINESS AND PERSONAL VEHICLES

Do you require cover for permanently owned business vehicles and those personally owned by the proposer(s) e.g. partners in the business or directors? Yes No

Note: It is possible to add drivers of business or personally owned vehicles who are not named on page 5. Request the appropriate supplementary form from your broker or agent or download it from www.tradex.com and complete accordingly.

If Yes, list all permanently owned business and personal vehicles.

Registration	Make and model	CC or GVW	Price paid £	Modification details	Security, alarm and/or tracker	Owned by	Comp √

To insure additional vehicles either photocopy this page or download the appropriate form from www.tradex.com.



Permanently owned and personal vehicles – continued

Do you require windscreen cover for

Permanently owned business vehicles?

Personally owned vehicles?

The standard indemnity limit for any one period of insurance is £1,000 with a £100 excess per claim. If you require a higher limit, please tick the relevant box below.

£2,000 – excess £250

£3,000 – excess £250

£4,000 – excess £250

£5,000 – excess £250

REQ THE DRIVERS

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 a vehicle for any purpose other than the car jockey business, that use must be shown on the certificate of motor insurance and the vehicle must be declared on the Motor Insurance Database.

Provide the requested information, continuing on page 14, Additional information if necessary.

Driver's full name	Age	Date of birth	Driver status			Home postcode	Licence type				Years held	Additional uses of permanently owned vehicles	
			D	S	N		F	P	HGV/PSV	Country of issue		SD &P	Other - give details

KEY:

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

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

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 <input type="checkbox"/>

REQ CLAIMS RECORD

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

If Yes, give FULL details below continuing on page 14, Additional information 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, were you a Motorist? Passenger? Give full details below, continuing on page 14, Additional information if necessary.

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
- in the last 5 years, 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, 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 page 14, Additional information if necessary. You may also be required to complete a separate questionnaire.

Full name	Details



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"/>	

OPT OPTIONAL EXTENSIONS

Commercial consideration

We will, when requested by the policyholder to do so, consider a claim for accidental loss or damage to a customer's vehicle in the custody or control of the policyholder where the cause or damage is unknown but the policyholder wants to accept liability and we agree it is reasonable to do so. The maximum we will pay under this optional extension is 10% of the maximum value per customer vehicle declared under Vehicles entrusted to you on page 3.

Do you require this cover? Yes No

Loss of use of customer vehicles

Cover can be provided for loss of use of a customer's vehicle of up to 10% of the limit of indemnity per vehicle following a valid claim for loss or damage for which you are legally liable.

Do you require this cover? Yes No

POS EXCESSES AND CO-INSURANCE

The policy has a standard accidental damage fire and theft excess of £500. In some instances, higher excesses (e.g. for young and inexperienced drivers) or a 10% co-insurance may be imposed.

For an additional premium, would you like to

Reduce the standard excess to £250? Yes No

Delete the 10% co-insurance, if any? Yes No

OR

For a premium discount, would you be prepared to increase the standard excess?

Yes No

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 £1,250 £1,500 £2,000

POS YOUR OWN BUSINESS PREMISES AND VEHICLES

If you trade from more than one premises or location, please copy and complete the relevant pages of this form or download them from www.tradex.com so that you can provide the required information for each of the premises to be insured. We may require more detailed information depending on which additional covers you require.

Full address

Postcode

Telephone How long have you occupied these premises?

Is the property? Owned Long term rental Short term rental Other, give details

Complete the table below.

Type of building	Max. no. of vehicles stored	Max. value per vehicle £	Total value £	Construction e.g. brick, stone or concrete and roofed with tiles, slates, concrete, metal or asbestos.	Alarmed? √
Workshop					<input type="checkbox"/>
In a car park or other building					<input type="checkbox"/>

Permanently owned and personal vehicles – continued

If the workshop or other buildings are NOT alarmed, give FULL details of the security measures used whenever unattended

Are any vehicles parked or stored in the open? Yes No If Yes, complete the following

Description	Max no. of vehicles	Max. value per vehicle £	Total value £	Full details of the security measures used
On your premises in a fully enclosed and locked yard				
On an open car lot or yard				
On the road or in another area accessible to the public				

POS PUBLIC LIABILITY

Unless specifically agreed by us, there is no cover for business activities other than for the declared car jockey business.

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 motor trade activities 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.

If you require cover, please complete

Section	Required	Limit of indemnity	Increase limit required	
			£2 million	£5 million
Public liability	<input type="checkbox"/>	£1million for any one claim	<input type="checkbox"/>	<input type="checkbox"/>

OPT PUBLIC LIABILITY OPTIONAL COVERS

Do you require cover for

Damage to the leased or rented premises you occupy

Yes No

If Yes, provide a copy of your lease or rental agreement.

POS PUBLIC LIABILITY CLAIMS HISTORY

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

Yes No

If Yes, give details of your present or previous insurer.

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.

Name of present 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, this 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 service, we may monitor or record telephone calls.

It is a requirement of this insurance that you are able to provide sufficient information to substantiate any claim you make, that you conduct your business in accordance with best practice and that you keep records of the customer vehicles entrusted to you. 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 policy 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.

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.

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 Motor Insurers’ Bureau 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, debt collection, offering renewal, research and statistical analysis by Tradex, its associated companies and agents, by participating insurers and suppliers, used for management information purposes including portfolio assessment, risk assessment, performance and management reporting, disclosed to regulatory bodies for monitoring and/or enforcing 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

Tradex, 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 MID for DVLA and DVA registered vehicles. It is therefore your responsibility to ensure that the MID is kept fully up to date. This means that the vehicles to be insured must be advised to and accepted by us. Individual certificates will be issued for each vehicle. No cover is in force unless you have a cover note or certificate of motor insurance showing the registration number of the vehicle. The vehicle details provided will be recorded on the MID.

You must disclose all vehicles permanently owned by your business and those vehicles owned by individuals which are to be insured by this policy. Failure to declare acquisitions and disposals will prejudice your claim and may result in cover being reduced or the policy cancelled.

If the vehicle's registration number is not shown correctly on your policy documents or you cannot find your vehicle on the MID, please contact us immediately. If you do not, the vehicle may be clamped, seized or destroyed and other penalties imposed including points being added to your driving licence. You can check that the correct registration numbers are shown on the MID at 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 proposal form and show it to everyone who will be entitled to drive.

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 up to £35 plus Insurance Premium Tax 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

Parts B – Legal liabilities

A pro-rata refund of premium.

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.

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.

NOTE:

Full cancellation conditions and procedures are detailed in the policy which is available to view on 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 us.

You may cancel the policy by sending us 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 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 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 fairly assessed my/our turnover and wage bill. I/we agree to keep records of all owned vehicles up to date as required by the Motor Insurance Database (MID). I/we understand that failure to do so may result in the cancellation of my/our policy and prosecution.
- I/we understand that I/we must provide a copy of each driver’s licence(s) within 30 days of cover incepting or the policy may be cancelled or the driver 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.
- 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 “Important information” and “Providing essential information” carefully before signing below. If you have any queries, speak to your broker, agent or to us.

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 sheet if necessary. Please remember to include any information which may improve your risk and could result in a lower premium being charged.

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