



SELF DRIVE HIRE 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: 0333 313 3030

F: 020 7959 7530

Email: sales@tradex.com

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 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

Are you a franchise licensee? Yes No

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

If Yes, provide details.

Is self-drive hire your only occupation? Yes No

If No, provide details of your other occupation(s) and all business activities in which you are involved.

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.



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? Yes No

If Yes, how many were hired in 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 are the vehicles Checked? Serviced and cleaned?

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?

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?

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 they are not out on hire? Yes No If Yes, complete the table.

Name of insurer	Policy number

Describe in full the arrangements in place for the return of hire vehicles to your premises.

During business hours

Outside business hours (include key safety and measures and other security arrangements)



REQ HIRE AND OPERATIONS

Is your business involved in the hiring of vehicles for

- Social, domestic and pleasure use only? Yes No - The hirer's business use? Yes No

- Credit hire purposes? Yes No - Hire and reward purposes? Yes No

If Yes, for what purpose(s)? Private hire Public hire Carriage of goods for hire and reward

Other, give details

What is the average distance travelled by your hire vehicles?

If any periods of hire exceed 30 days, provide details.

Are your vehicles ever taken abroad? Yes No

Do you take payment by credit card or debit card? Yes No

If Yes, Deposit only? Full payment?

The standard policy requires that the deposit is always paid by credit or debit card.

If you deliver vehicles to the hirers' or drivers' home or business addresses or to repairers or garages, give full details of the verification processes undertaken.

REQ THE HIRERS

Unless specifically agreed otherwise, Tradex will only accept hirers who

- *are aged between 25 and 65*
- *have held the relevant full valid United Kingdom licence(s) for more than 24 months*
- *have no restrictions or terms imposed by the DVLA or DVA for medical conditions*
- *are not*
 - *engaged in professional sports, racing, gambling, modelling or entertainment*
 - *members of the armed forces of any country outside the United Kingdom*
- *have not had*
 - *an accident in the last 5 years*
 - *a motor insurance policy cancelled, declined, renewal refused or special terms, conditions, exclusions or an increased premium imposed*
- *have not been*
 - *disqualified from driving in the last 24 months*
 - *convicted or have a prosecution pending for any motoring offence other than parking or one speeding offence*
 - *convicted or have a prosecution pending for any other criminal act.*

Do you

- ensure that the hire agreement has been fully completed and personally signed by the hirer and where applicable, the driver(s)? Yes No
- check and verify all the required documents? Yes No
- if the hirer is a business, verify the information provided? Yes No
- obtain a completed supplementary proposal form for each driver? Yes No If Yes, we will require a copy.
- take the hirer and driver's photographs? Yes No
- check the driving licences and record the licence numbers? Yes No
- ensure the dates of birth match the licence details? Yes No
- ask for further means of identification? Yes No If Yes, provide details.

Are copies of all hire agreements, licences, photographs and other related documentation kept for at least 4 years?

Yes No

REQ BUSINESS DRIVERS

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

The standard policy will provide cover for the collection and delivery of hire vehicles by employed drivers aged between 25 and 65 who have held an appropriate full and valid United Kingdom licence for 3 years.

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

Cover may be provided on a named driver basis for drivers aged under 21 and over 70. An additional driver's form will be required for each driver aged under 21 or over 70.

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

Do you require cover for social, domestic and pleasure use by you and your employees? Yes No

If Yes, is cover required for All employees? Yes No

Named drivers only? Yes No If Yes, provide the details requested.

Full name	Date of birth	Position in business

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.

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 the drivers 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

- 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 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 <input type="checkbox"/>	No <input type="checkbox"/>	Any physical or mental infirmity including loss of or restricted limb movement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart disease, diabetes or epilepsy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any chronic condition requiring notification to the DVLA, DVA (NI)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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"/>	



POS PUBLIC LIABILITY CLAIMS HISTORY

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

<input type="text"/>	Postcode	<input type="text"/>
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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)	£	<input type="text"/>
Family employees	£	<input type="text"/>
Self employed labour only or casual employees	£	<input type="text"/>

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 declare the wages paid to them 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, complete the table.

Name of current or previous insurer	Policy number	Expiry date

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
		£
		£

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 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, that you conduct your business in accordance with best practice and that you keep copies of all hire agreements, licences, photographs and other related documentation. 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 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, 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

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. 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 declare acquisitions and disposals will prejudice your claim and may result in cover being reduced or the policy cancelled.

If a 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 the driving licence. You can check that your correct registration number is 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 £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.

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 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 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 - 12. 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 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 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(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.
- 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 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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