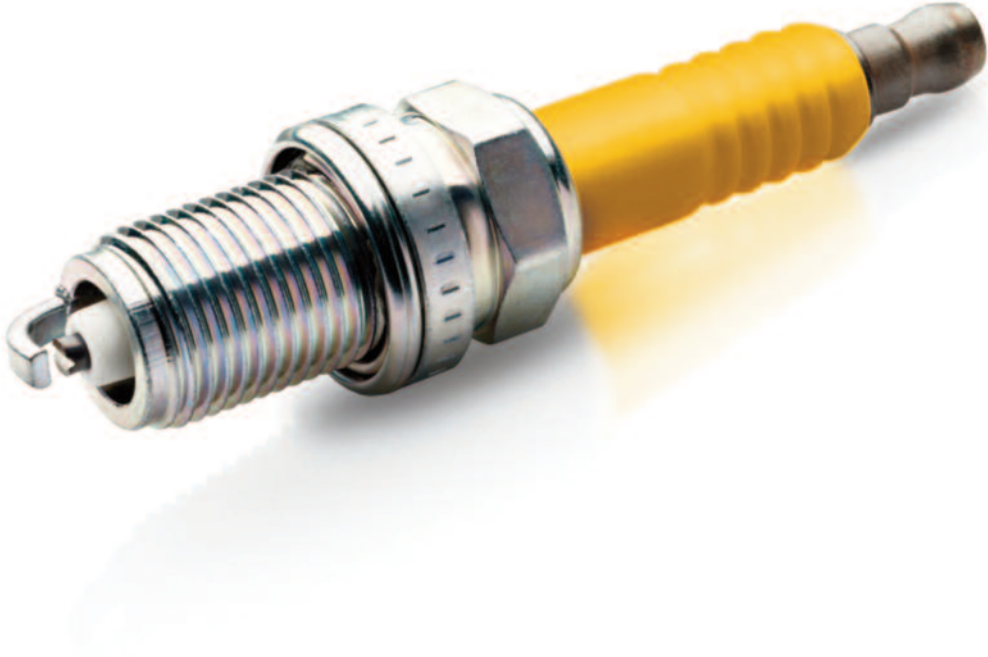


# Motor Trade Combined

Proposal Form



# Motor Trade Combined Proposal Form

## Important

1. Your Broker/Agent will supply you with a copy of the policy summary. Please ensure you have read a copy of the policy summary prior to completing this form.
2. You should keep a record (including copies of letters) of all information provided to the Company relating to this proposal, a copy of which will be provided on request within a period of three months after its completion. A full specimen policy wording is available on request.
3. In completing this form, please tick the appropriate boxes and answer all questions in BLOCK CAPITALS.

Policy No.

Agreement No.

Intermediary No.

Ref.

## Proposer's Details

Full name of Proposer including trading name

(please show names of all companies to be insured including names of all companies and subsidiaries to be insured, if not a limited company, full names of all partners)

Postal Address

Postcode

Business Phone No.

Website Address

Company Registration No.

Full description of trade or business to which the proposed insurance will apply (including full details of your activities)

Period of Insurance  
Inception Date

Period of Insurance  
Renewal Date

## General Questions

(If you tick any of the shaded boxes please give details overleaf)

1. How many years have you been in business at this or any previous address(es)?
2. In respect of the covers proposed, have you or any director or partner, either in the name of the business proposed or in the name of any other business in which any of you had an interest, ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required or special conditions imposed by any insurer?  Yes  No
3. Either personally or in any business capacity, have you or any director or partner in the business proposed ever been:
  - (a) Convicted of or charged (but not yet tried) with
    - (i) A breach of any health and safety legislation?  Yes  No
    - (ii) Any other criminal offence other than a motoring offence?  Yes  No
  - (b) Declared bankrupt or the subject of bankruptcy proceedings?  Yes  No
  - (c) The subject of a County Court Judgement (or Scottish equivalent)?  Yes  No
  - (d) A director or partner in any business which has been the subject of an individual voluntary arrangement with creditors, voluntary liquidation, a winding up or administrative order, or administrative receivership proceedings?  Yes  No
4. Give details below of all losses or damage sustained by you and/or claims made against you in the last five years (whether the incident was insured or not). If none answer "None".

Date & Year	Type of Claim	Brief Details	Amount Paid or Outstanding



- Yes      No
6. Do you wish to Insure against damage caused by Terrorism?
7. Is an intruder alarm system installed at the premises?
- If 'Yes' state:
- (a) Name of Installer?
- (b) Is it maintained by an NSI/SSAIB accredited company under contract?
- (c) Method of signalling e.g. Bells/Digicom/Redcare/Redcare GSM/Dualcom GRPS or other (please specify)
- (d) If remote signalling please state level of police response?

**Property to be Insured:**

**Note 1.** All items below with the exception of Stock and Rent can be covered on a Day One basis. If this is required please tick the box below and indicate the % uplift required. The figure then entered under the 'Sum Insured' will be the Declared Value uplifted by the specified percentage. The Declared Value should represent the full replacement cost of the property at the commencement of the Period of Insurance.

**Note 2.** If any of the Sums Insured apply to more than one premises, please give the appropriate split on a separate sheet.

	Declared Value	% Uplift (if applicable)	Sum Insured
(a) The buildings of the premises (including landlords fixtures and fittings, outbuildings walls, gates and fences)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(b) Tenants Improvements/Decorations for which you are responsible	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(c) Plant, Machinery, Trade Fixtures, Fittings and All Other Contents except for Portable Hand Tools and Electronic Business Machines, Computers and Software	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(d) Portable Hand Tools belonging to Proposer and/or Employees for which you are responsible (£500 maximum value any one tool)			<input style="width: 100%;" type="text"/>
(e) Electronic Business Machines, Computers and Software			<input style="width: 100%;" type="text"/>
(f) Stock in Trade (excluding vehicles)			<input style="width: 100%;" type="text"/>
(g) Insured's vehicles	a) In the open		<input style="width: 100%;" type="text"/>
	b) In an enclosed compound		<input style="width: 100%;" type="text"/>
	c) In the buildings		<input style="width: 100%;" type="text"/>
(h) Customer's vehicles	a) In the open		<input style="width: 100%;" type="text"/>
	b) In an enclosed compound		<input style="width: 100%;" type="text"/>
	c) In the buildings		<input style="width: 100%;" type="text"/>
(i) Stock of Motorcycles	a) In the open		<input style="width: 100%;" type="text"/>
	b) In an enclosed compound		<input style="width: 100%;" type="text"/>
	c) In the buildings		<input style="width: 100%;" type="text"/>
(j) Stock at Exhibitions:	Number per year		<input style="width: 100%;" type="text"/>
	Per exhibition		<input style="width: 100%;" type="text"/>
(k) Loss of Rent Payable:	Years		<input style="width: 100%;" type="text"/>
	Sum Insured (total rent)		<input style="width: 100%;" type="text"/>
(l) Customers Goods			<input style="width: 100%;" type="text"/>
(m) Stock or In car entertainment			<input style="width: 100%;" type="text"/>
(n) Stock of Tyres			<input style="width: 100%;" type="text"/>
(o) Stock of Fuel			<input style="width: 100%;" type="text"/>

## Section 2 – Business Interruption

1. Please insert the Sum Insured or Estimate required against the items to be insured bearing in mind the maximum indemnity period:

(a) Gross Profit

(b) Gross Revenue

(c) Gross Rentals

(d) Increased Cost of Working

(e) Additional Increased Cost of Working

Yes No

2. Do you require cover to be Declaration Linked?



3. Indemnity Period required?

4. If Gross Profit or Gross Revenue is insured this policy includes a £25,000 limit in respect of the UK extensions mentioned below. Please insert any increases required.

(a) Unspecified Suppliers (maximum 10% of the sum insured or £500,000 whichever is less)

(b) Unspecified Customers (maximum 10% of the sum insured or £500,000 whichever is less)

(c) Property Stored

(d) Documents temporarily elsewhere

(e) Contract sites

(f) Premises of public utilities (electricity, gas, water, telecommunications)

(g) Denial of access

(h) National Lottery

(i) Notifiable Diseases

The following extensions can be included for an additional fee, please specify the sum insured.

If cover is required for business interruption caused by any of the perils insured at the premises of specific suppliers and/or customers, please state as a percentage the amount of Gross Profit that would be affected and the suppliers and/or customers name, address and description of business activities.

(j) Supplier

Name and Address	Their Business	% Limit

(k) Customer

Name and Address	Their Business	% Limit

Yes No

(n) Is cover required for loss of MOT Licence?

(i) Vehicle Testing Station Number

Yes No

(ii) Have you or any nominated testers in the last 5 years received any formal warning letters issued from the Vehicle and Operators Services Agency disciplinary service?

(iii) Have you ever had, or are you currently under threat of, suspension or withdrawal of your MOT Testing Station licence?

(iv) Have you or your nominated testers received any Penalty Points issued by the Vehicle and Operators Services Agency disciplinary service?

5. If cover is required for Outstanding Debit Balances please state Sum Insured

6. State type of records kept of outstanding debit balances

Yes No

7. Are records of outstanding debit balances kept in a fire resistant safe, compartment or cabinet?

8. Are duplicate records kept?

If 'Yes' state where they are kept:

### Section 3 – Goods In Transit

1. State nature of goods carried

Yes No

2. Do you engage in transit of goods outside the United Kingdom?

If 'Yes' give details and countries regularly visited:

3. For carriage of goods by your own vehicles state:

(a) Maximum sum insured required per vehicle

(b) Maximum number of vehicles that will transport the goods

(c) Makes and types of vehicles used for carrying the goods

Yes No

(d) Are vehicles fitted with special locking devices, immobilisers and/or alarms?

If 'Yes' please give details

(e) Maximum sum insured required for any one event i.e. if more than one vehicle is left loaded for transit at any location at any time

£

(f) Please state the value of estimated annual carryings

£

Yes No

(g) Are any of the vehicles open or soft topped or curtain sided?

If 'Yes' give details of vehicles\*

**\*Note: Storm Damage will be excluded. Also, theft or attempted theft from these types of vehicles will be excluded unless the vehicle is stolen at the same time.**

4. For carriage of goods by road haulage contractor, railway operator, post or inland air freight state:

(a) Maximum value any one consignment – third party carriers

(b) Estimated total annual carryings – third party carriers

#### Section 4 – Loss of Money and Personal Accident (Assault)

Please state Maximum Amount any one time:

1. (a) In transit and/or in bank night safe

(b) On the premises during business hours

(c) On the premises outside business hours:

(i) In a locked safe

(ii) Not in a locked safe

Please give the following information about safes

Make and Model	Age (Years)	Anchored to Floor	Limit Required for Negotiable Money

(d) With travellers or collectors

(e) In private dwelling of proposer or authorised director/partner/employee

2. Estimated annual amount of money in transit (excluding crossed cheques and other non-negotiable currency)

If cover is required for Personal Accident (Assault) please tick benefits required per person insured:

Yes No

1. (a) £5,000 Capital Sums and £50 per week Temporary Total Disablement (25% of this for Temporary Partial Disablement)

(b) £10,000 Capital Sums and £100 per week Temporary Total Disablement (25% of this for Temporary Partial Disablement)

## Section 5 – Wrongful Conversion

1. Is Insurance required:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

(a) Maximum indemnity limit required per vehicles

(b) If Payments for used vehicles are made by cheque or where a part exchange has been received is evidence of the transaction clearly recorded?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

(c) Are accurate records kept of all used vehicles purchased or sold?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

(d) Do you subscribe to either HPI Ltd or Experian Ltd?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Estimated turnover in respect of used car sales

## Sections 6, 7 & 8 – Liability

1. Is Insurance required for:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

(a) Employers' Liability?

(b) Public Liability?

(c) Products Liability?

2. If Employers' Liability is to be insured please provide details of all companies to be covered by this policy to meet the requirements of the Employers' Liability Tracing Office (ELTO)

Company Name	Employer Reference No. (ERN)	Exempt Y/N

The ERN is a unique identifier that is given to every business that registers with HM Revenue and Customs as an employer. It is a unique set of letters and numbers used by the HMRC to identify your business. It is often referred to on tax forms as an employer PAYE reference. This reference is made up of two parts: a three-digit HMRC office number and a reference number unique to your business. It will be provided to you in your employers welcome pack when you register with HM Revenue and Customs, and will also appear on a range of correspondence from HMRC.

3. If Public/Products Liability is required please indicate the Indemnity Limit required:

£1,000,000       £2,000,000       £5,000,000

4. Do you store liquids or gases in bulk?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' please give full details


5. Are all of your lifting plant and pressure vessels/boilers which are subject to Statutory Regulations regularly inspected by qualified engineers as required by the legislation?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' please give full details



6. (a) Do you comply with the requirements of the Factories Act, the Health and Safety at Work Act and the Control of Substances Hazardous to Health Regulations (and any special regulations thereunder) or any similar legislation? Yes  No
- (b) Have you or any of your Directors, Partners or Employees ever been:
- (i) Prosecuted under any of these Acts or Regulations? Yes  No
- (ii) Served with a Prohibition Notice under the Health and Safety at Work Act? Yes  No

If 'Yes' please give details


7. Do you have a written Health and Safety Policy which is brought to the attention of all employees? Yes  No
8. Have you or, to your knowledge, any former owner or occupier of the site in respect of the premises at any time:
- (a) Been prosecuted or sued for any pollution problem? Yes  No
- (b) Had any incidents of pollution, or incidents likely to cause pollution? Yes  No
- (c) Carried on any industrial activity which was the subject of an environmental permit of licence? Yes  No

If 'Yes' please give details


9. Does any of your work produce noise level above 85dB (A)? Yes  No

If 'Yes' please give details and state what precautions are taken


10. Please state Estimated Annual Wages, Salaries and other Earnings as below:

*Note: Estimates should include all payments to Working Directors/Partners, Labour only Subcontractors, Self Employed Persons and people hired or borrowed and should be stated as Gross i.e. before deductions. A minimum of £15,000 per partner or director must be applied.*

**At The Premises**

- (a) Working Principal(s). Specify duties:  £
- (b) Clerical/Secretarial/Administrative  £
- (c) Mechanics, Fitters and the like  £
- (d) All other Employees. Specify duties:  £

**Work away from the Premises**

- (a) Working Principal(s). Specify duties:  £
- (b) Recovery Operators Wages  £
- (c) All other Employees (excluding Heat). Specify duties:  £
- (d) Heat work away  £
- (e) Labour and Materials Sub Contractors. Specify duties:  £

11. Under Employers Liability do you wish to insure injuries to working partners? Yes  No

12. Please state:

(a) Estimated annual turnover

Used Vehicle Sales	New Vehicle Sales	Service Hand Repair	Body Repair	Recovery Operator	Fuel Sales	Tyre and Exhaust Fitting	Other
£	£	£	£	£	£	£	£

Yes  No

13. Do you export vehicles or any other goods outside of the United Kingdom?

If 'Yes' provide details:

Details of Goods	Regions Involved	% of Annual Turnover
	(i) European Union	
	(ii) USA or Canada	
	(iii) Elsewhere	

Yes  No

14. Do you import vehicles or goods from outside the United Kingdom?

If 'Yes' please provide:

Details of Goods	Regions Involved	% of Annual Turnover
	(i) European Union	
	(ii) Elsewhere	

Yes  No

15. Have you or any principal in the business ever been prosecuted or received notice of intended prosecution under the Consumer Protection Act, Food Safety Act or similar legislation?


## Section 9 – Specified All Risks

Note: This cover is not necessary if All Risks cover has been taken under Section 1 and Geographical Limit A applies.

Please complete below details of items to be insured and the Geographical Limit to apply. The options for Geographical Limits are:

- A. The Premises
- B. Anywhere in the United Kingdom, Channel Islands and Isle of Man (including the Premises)
- C. Europe which shall mean anywhere in the United Kingdom, Channel Islands and Isle of Man and the Countries of the European Union
- D. Worldwide which means anywhere in the World including the United Kingdom and Europe

Make and type of Machinery/Apparatus	Serial No.	Geographical Limit	Sum Insured

## Section 10 – Refrigerated Stock

1. Please complete below the details for the stock that needs to be insured:

Make & Model of Equipment	Year of manufacture	Maintenance agreement in force if over 5 years old?	Sum Insured
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="text"/>

**Important Note.** If the equipment is over 5 years old, it is a condition that a maintenance contract is in force.

## Section 11 – Road Risks

### About Your Business

If this is your first venture give full details of your previous experience in the motor trade.


Are you a member of any motor trade association? Yes  No

If 'Yes' please provide details


Indicate the maximum value of any one vehicle which you own or which you could have in your custody or control. £

Are you involved in:

(a) Vehicle salvage, dismantling, breaking, scrap, sale of parts or recovery for such purpose? Yes  No

If 'Yes' please state the exact nature of your involvement and indicate as a percentage this activity  %


Please indicate as a percentage your involvement in the following vehicles:

(a) Private cars/saloons/estates	<input type="text"/> %	(k) Grey imports	<input type="text"/> %
(b) Prestige	<input type="text"/> %	(l) Vehicles over 25 years old	<input type="text"/> %
(c) Sports/high performance	<input type="text"/> %	(m) Vintage/classic vehicles	<input type="text"/> %
(d) American/Canadian	<input type="text"/> %	(n) Custom/Kit/Modified/Fibreglass	<input type="text"/> %
(e) Left hand drive	<input type="text"/> %	(o) Recovery/Transporters	<input type="text"/> %
(f) Commercial vehicles up to 7.5 T GVW	<input type="text"/> %	(p) Passenger carrier up to and including 8 seats in total	<input type="text"/> %
(g) Commercial vehicles over 7.5 T GVW	<input type="text"/> %	(q) Coaches/Minibuses (Vehicles with more than 8 seats)	<input type="text"/> %
(h) Caravan/Motorhomes	<input type="text"/> %	(r) Horseboxes	<input type="text"/> %
(i) Agricultural/Unimogs/Plant	<input type="text"/> %	(s) Trailers	<input type="text"/> %
(j) Motorcycles/Scooters	<input type="text"/> %	(t) Motorcycle powered/3 Wheel/Quads	<input type="text"/> %

**Cover**

The Road Risks section will be Comprehensive cover.

1. Comprehensive policies are subject to a £250 accidental damage, fire and theft excess.

To increase the excess please tick level required:

£500  £750  £1000

**No Claims Discount**

2. Please provide details of your previous/current insurance. This should be completed even if No Claims Discount is not being claimed.

Policy No.	Policyholder
Name of Insurance Company	Expiry Date

No Claims Discount is only transferable from a policy that expired within 12 months of inception of this proposal.

Yes No

Is No Claims Discount being claimed?

If 'Yes' state number of years

**Drivers**

3. Cover is for named drivers only.

Please list all drivers to be covered including the proposer

Full Name	Date of Birth	Years living in UK	Years Full Licence held	Motor Trade Occupation	Other Occupation	Tick use required		
						Motor	SDP	ABU (Additional Business Use)
Proposer(s)								

If you have ticked Additional Business use for any driver please provide details in the box below.

4. Have you or any person named in Q3:

Yes No

(a) been convicted of, or charged (but not tried) with a criminal offence?

(b) been convicted of a motoring offence or have a prosecution pending for any motoring offence in the last 5 years including fines under the Fixed Penalty Offence System?

If 'Yes' please give full details below:

Driver	Date of Conviction	Offence Code	Total Fine/Penalty Points	Disqualification Period

(c) in connection with any vehicle owned, used or driven, had any accident, loss or claim in the last 3 years whether or not a claim was made as a result?

Yes  No

If 'Yes' please give full details below:

Driver	Date of Accident/Loss/Claim	Cost of Damage to your Vehicle and Third Party	Description of Accident/Claim

(d) ever suffered from defective vision or hearing (not corrected by glasses, contact lenses or hearing aid), heart condition, epilepsy, diabetes, blackout(s), fit(s) or any other physical or mental condition which you must notify the DVLA?

Yes  No

(e) had any motor insurance cancelled (including cancellation following default of payment of premium) refused or had special terms applied in the last 5 years?

(f) had a claim repudiated/refused?

If 'Yes' to any question then please give full details below:


**Vehicles**

**Motor Insurance Database**

As a result of the 4th EU Motor Directive you are obliged to provide the Motor Insurance Database (MID) with the registration numbers of all vehicles that are owned or leased by you and that will be driven, used or parked on a road or public place.

This information should be given below and we will notify the MID on your behalf.

Please ensure that full details of all vehicles concerned are shown below.

Failure to disclose such registration numbers may invalidate your policy with the result that any claim will be rejected.

When any of these vehicles are sold and cover is no longer required you must notify your Insurance Broker or Intermediary who will pass this information to Covéa Insurance.

Details of new vehicles that are to be placed on the MID must be given to your Insurance Broker or Intermediary when cover is required.

**5. (i) Vehicles owned, but NOT for sale**

Please give full details of all vehicles currently owned by you but not for sale, such as private, recovery, loan or hire, private hire vehicles.

Failure to declare all vehicles may invalidate your policy with the result that any claim will be rejected.

Use separate sheet if more space is required.

Make/Model	Body Type	Year of Make	CC/GVW	Date of Purchase	Price Paid	Estimated present Trade Value £	Full Registration Number

**(ii) Vehicles for sale**

Please give full details of all vehicles currently in your possession for sale.

Failure to declare all vehicles may invalidate your policy with the result that any claim will be rejected.

Use separate sheet if more space is required.

Make/Model	Body Type	Year of Make	CC/GVW	Date of Purchase	Price Paid	Estimated present Trade Value £	Full Registration Number

6. Are any of the vehicles listed under Q5 i or ii:
- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| (a) adapted for disability?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) modified or altered in any way?          | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) left hand drive?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) imported other than by the manufacturer? | <input type="checkbox"/> | <input type="checkbox"/> |

If 'Yes' to any question then please give full details below:

7. Do you have any Trade Plates?
- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
- If 'Yes' please give trade plate numbers:

8. Are any of the vehicles used for the following:
- |  |               |                          |                          |                     |                      |
|--|---------------|--------------------------|--------------------------|---------------------|----------------------|
|  | Loan or Hire? | <input type="checkbox"/> | <input type="checkbox"/> | If 'Yes', how many? | <input type="text"/> |
|  | Private Hire? | <input type="checkbox"/> | <input type="checkbox"/> | If 'Yes', how many? | <input type="text"/> |

**Section 12 – Essential Business Legal**

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| 1. Please indicate if cover is required  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you issued any final written warning, placed an employee on disciplinary suspension, dismissed any employee or made any employee redundant within the last 6 months?       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you made any changes to your employees' terms and conditions within the last two years (including job location) or intend to make such a change within the next 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you anticipate any possible dismissal or redundancy within the next 6 months?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Material Facts**

Please complete this section.

A material fact is any fact which could influence the assessment of this proposal. Failure to tell us a material fact may lead to the policy being of no effect. If you are in any doubt as to whether a fact is material, for your own protection you should tell us about it.

- Are there any other material facts you should disclose?
- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
|  | <input type="checkbox"/> | <input type="checkbox"/> |

If 'Yes', please give details below.

## IMPORTANT

Before signing the declaration, please check that you have completed this form in accordance with the cover you require and have answered all the questions – thank you.

### Data Protection Act and Employers' Liability Tracing Office

It is important that the information you provide is accurate. The information you provide is collected by or on behalf of Covéa Insurance and may be used by us, our employees, agents and service providers acting under our instruction for the purposes of insurance administration, underwriting, claims handling and to enable us to detect or prevent fraud or loss. We may use some of the information you provide for research, marketing or statistical purposes. We will not use your information or pass it on to any other person for the purposes of marketing further products or services to you.

If the broker or intermediary you have used to obtain this insurance policy ceases to carry on business, to otherwise trade or to be regulated by the FSA as an insurance intermediary, we may transfer your personal data and information to another insurance intermediary who will continue to effect insurance cover for you. Please let us know if you do not want us to share your personal data and information with another insurance intermediary as described above.

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) for the purpose of checking information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search these registers. Under the conditions of your policy, you must tell us about any incident (such as fire, water damage or theft) which may or may not give rise to a claim. When you tell us about an incident, we will pass information relating to it to the registers.

Details of your Employers Liability cover will be passed to the Employers Liability Tracing Office and will be made available within a searchable database to potential claimants for the purpose of identifying which insurer or insurers provide or have provided employers liability cover to you as an employer.

In order to prevent or detect fraud we will check your details with various fraud prevention agencies. If false or inaccurate information is provided and fraud is suspected details will be passed to these agencies to prevent fraud and money laundering. Other users of these fraud prevention agencies may use this information in their own decision making processes. We may also conduct credit reference checks in certain circumstances. You can find out further details explaining how the information held by fraud prevention agencies may be used or in which circumstances we conduct credit reference checks and how these checks might affect your credit rating by contacting us at [info@coveainsurance.co.uk](mailto:info@coveainsurance.co.uk).

You should show this notice to anyone who has an interest in property insured under the policy. You must ensure that any information you supply relating to anyone else is accurate and that you have obtained their consent on our behalf to the use of their data for these purposes.

Under the Data Protection Act 1998 you have the right of access to any information held about you by Covéa Insurance. You can exercise this right by contacting the Data Protection Officer.

Providing information to us signifies your consent to it being used for these purposes. If you have any queries about our use of your information please write to the Data Protection Officer, Covéa Insurance plc, Norman Place, Reading, RG1 8DA.

### Declaration by the Proposer

I declare that the above statements are true and complete to the best of my knowledge and belief and that no material facts have been withheld, suppressed or omitted. I/We understand that you will pass the information on this form and about any incident I/we may give details of to IDS Ltd and fraud prevention agencies so that they can make it available to other insurers. I/We also understand that, in response to any searches you may make in connection with this application or any incident I/we have given details of, IDS Ltd and fraud prevention agencies may pass you information they have received from other insurers about other incidents involving anyone insured under the policy.

If the above statements have been written by any person other than the undersigned, such person shall be deemed to have been my agent for the purpose of filling in such statements.

Proposer's Signature

Date

Please make sure you have signed and dated this form.

INTERMEDIARY USE ONLY:

Sub-Total

£

Plus Tax

£

Grand Total

£

**Covéa Insurance plc**

Norman Place

Reading

RG1 8DA

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Fax: 0118 955 2211

[www.coveainsurance.co.uk](http://www.coveainsurance.co.uk)