**Declaration:**

Have you the proposer, any director/partner of the business, either personally or in any business capacity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ◦ Been bankrupt, insolvent, subject to bankruptcy/ insolvency proceedings | Yes |  | No |  |
| ◦ Had a proposal refused or declined | Yes |  | No |  |
| ◦ Had insurance cancelled or special terms imposed | Yes |  | No |  |
| ◦ Had any convictions for criminal offences | Yes |  | No |  |

**Business Details:**

|  |  |
| --- | --- |
| ◦ Renewal Date |  |
| ◦ Legal Trading Status |  |
| ◦ Business Name |  |
| ◦ Title |  |
| ◦ Forename |  |
| ◦ Surname |  |
| ◦ Telephone Number |  |
| ◦ Email |  |
| ◦ Website | www. |
| ◦ Street Number/Name |  |
| ◦ Town/City |  |
| ◦ County |  |
| ◦ Postcode |  |
| ◦ Year Business Established |  |
| ◦ Years at Current Address |  |
| ◦ Number of Employees |  |
| ◦ Current Insurer |  |
| ◦ Any Accidents or Claims in the Last 5 Years | Yes  No |
|  | If yes, please give details. |
| ◦ Material Facts | None  The business is not self-contained with its own access  The location has a history of flooding  The property is made of non-standard materials  The property/adjacent property has signs of Subsidence  The proposer is not the sole occupant of the premises  There is a cash machine (ATM) at the premises |

1. **Private Motor Vehicles:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (select only one) | Comprehensive |  | Third Party Fire & Theft |  | Third Party Only |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Extensions: | | | |
| Windscreen | Yes | Loan & Hire | Yes |
| Accompanied Demonstration | Yes | Unaccompanied Demonstration | Yes |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Vehicles Owned or Leased: | | | | | | |
| No. | Make | Model | Registration | CC | NCB | Value |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Insured Drivers: | | | | | | |
| Name | Age | Job | Use | License Type | Length Held | Drive Which |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. **Commercial Motor Vehicles:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (select only one) | Comprehensive |  | Third Party Fire & Theft |  | Third Party Only |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Extensions: | | | |
| Windscreen | Yes | Loan & Hire | Yes |
| Accompanied Demonstration | Yes | Unaccompanied Demonstration | Yes |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Vehicles Owned or Leased: | | | | | | |
| No. | Make | Model | Registration | CC | NCB | Value |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

1. **Agricultural Motor Vehicles:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (select only one) | Comprehensive |  | Third Party Fire & Theft |  | Third Party Only |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Extensions: | | | |
| Windscreen | Yes | Loan & Hire | Yes |
| Accompanied Demonstration | Yes | Unaccompanied Demonstration | Yes |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Vehicles Owned or Leased: | | | | | | |
| No. | Make | Model | Registration | CC | NCB | Value |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

1. **Driver Details:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Insured Drivers: | | | | | | |
| Name | Age | Job | Use | License Type | Length Held | Drive Which |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| Drivers Convictions: | | | |
| Name | Date | Code | Points |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Drivers Accidents/Claims: | | | | |
| Name | Date | At Fault | Circumstances | Total Cost |
|  |  | Y  N |  |  |
|  |  | Y  N |  |  |
|  |  | Y  N |  |  |
|  |  | Y  N |  |  |
|  |  | Y  N |  |  |

**Please email the completed form to** [**admin@tcfellis.co.uk**](mailto:admin@tcfellis.co.uk) **and we will respond within 48 hours.**

**Any Additional Information**

|  |
| --- |
|  |