**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 |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

|  |
| --- |
| 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** **and we will respond within 48 hours.**

**Any Additional Information**

|  |
| --- |
|       |