

Motor Trade Enquiry Form



Please photocopy this form for completion before faxing.

Broker Name	<input type="text"/>	Account No.	<input type="text"/>
Broker Reference	<input type="text"/>	Target Premium	£ <input type="text"/>
Proposed Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Company Reg. No.	<input type="text"/>
Proposer's Name	<input type="text"/>		
Company Website Address	<input type="text"/>		

Full Business Description (including whether main dealer/concessionaire for specific makes of vehicles)

Annual Turnover £ approximate split of this business between the various activities:

Sale of new vehicles	<input type="text"/> %	Self drive hire vehicles	<input type="text"/> %	Sale of parts and accessories	<input type="text"/> %
Sale of used vehicles	<input type="text"/> %	Private hire	<input type="text"/> %	Commodities (sweets, cigarettes, etc)	<input type="text"/> %
Petrol sales 24 hrs	<input type="text"/> %	Body repairs	<input type="text"/> %	Mechanical repairs and servicing	<input type="text"/> %
Vehicle breaking/dismantling	<input type="text"/> %	Full spraying	<input type="text"/> %	Petrol sales normal business hours	<input type="text"/> %
Recovery/roadside assistance	<input type="text"/> %	Touch-up spraying	<input type="text"/> %	All other work (describe below)	<input type="text"/> %

Give details of all other work

If any principals, partners or directors engage in any other business or occupation, please provide details

Tick if proposer regularly handles vehicles which are:

<input type="checkbox"/>	Sports or high performance	<input type="checkbox"/>	Value exceeding £20,000	<input type="checkbox"/>
<input type="checkbox"/>	Goods/HGV/PSV	<input type="checkbox"/>	Veteran or Vintage	<input type="checkbox"/>
<input type="checkbox"/>	Agricultural/Contractors Plant	<input type="checkbox"/>	Motor Cycles	<input type="checkbox"/>

If ticked please provide full details

Risk Address Is this the proposer's home address? YES NO

Postcode

Are the Premises to be Insured:

a Built of brick, stone or concrete and roofed with slates, tiles or concrete? YES NO

b Heated by low pressure hot water apparatus, or fixed mains gas or fixed electrical appliance? YES NO

If 'no' to either of the above, please provide full details

Age of Property No. of years at this address Elsewhere

If this is the proposer's first venture, give details of previous experience in the motor trade

Type of premises, e.g. showroom, industrial unit, etc.

Is the premises solely occupied by the Proposer?

YES

NO

If 'no' state trade of other occupants

Alarm System

Make

Signalling

Confirmed

YES

NO

Has police response been withdrawn or the level of response reduced or delayed?

YES

NO

If 'yes' give details

Have any accidents, losses or claims arisen whether insured or not during the last five years?

YES

NO

If 'yes' please provide details

Date	Details	Amount
		£
		£
		£
		£

ROAD RISKS

Is cover required?

YES

NO

Cover required

Comprehensive

Third Party Fire & Theft

Third Party Only

Extensions (tick box if required)

Windscreen (Comprehensive Cover)

Loan or Hire

Accompanied Demonstration

Unaccompanied demonstration

State maximum value of any one vehicle

Number of trade plates held

Provide full details (make, model, type of vehicle, c.c. or g.v.w. and value) owned or leased by the business

Provide details of all drivers. If employed state whether part time/casual. If not employed, state relationship.

Full Name	Age	Capacity in which employed, if not state occupation	Is business use required? (Yes/No)	Is pleasure use required? (Yes/No)	Details of vehicle to be used for SDP	Full licence? (Yes/No)

Current No Claims Bonus

representing

years

Current Excess

£

Excess required

£

INTERNAL RISKS

Is Insurance required? YES NO

Property to be insured

Current Excess £

Excess required £

Buildings £

Machinery Plant Fixtures/Fittings £

Tenants Improvements £

Portable Hand Tools £

Stock (ex. vehicles, inc. fuel) £

Electronic Business Machines £

Cigarettes/Audio Equipment £

Customers Goods £

Proposers Vehicles £

Customers Vehicles £

Vehicles in the open overnight? YES NO

If 'yes' please provide details (number, sum insured, protections)

BUSINESS INTERRUPTION

Gross Profit Sum Insured £

Indemnity Period months

Is loss of MOT licence cover required? YES NO

If 'yes' annual MOT fee income £

or

ICOW £

Book Debts Sum Insured £

GOODS IN TRANSIT

Stock in Trade and other Goods £

Motor Vehicles carried on a vehicle £

Maximum number of vehicles used regularly for transporting

Stock and other Goods

Vehicles

MONEY

Please state the estimated money carryings by:

the Proposer and Employees £

a Security Company £

Money Limits required:

Money at the premises during business hours or in transit by the proposer or employees £

Money in transit by security company £

Money in a locked safe at the business premises £

Money not in a locked safe outside business hours £

Vehicle excise licences £

Is PA Assault cover required? YES NO

WRONGFUL CONVERSION

Please advise maximum indemnity required (minimum £5,000, maximum £25,000) £

Please state turnover in respect of second hand vehicles £

LIABILITY WAGEROLL

If either Employers' Liability or Public Liability cover is required, please provide wageroll estimates for:

Clerical, secretarial, administrative £

Salesmen £

Pump attendants and cashiers £

Working partners and principals £

Mechanics, fitters, repairers and all other manual work £

EMPLOYERS LIABILITY

Is cover required? YES NO Injuries to working partners required? YES NO

PUBLIC LIABILITY & DEFECTIVE WORKMANSHIP/SALES INDEMNITY

Is cover required? YES NO Defective Workmanship/Sales Indemnity required? YES NO

Does the Proposer specialise in customising, modification or other major alteration to vehicles, engines or other components? YES NO

Does the proposer import or export any vehicles or goods? YES NO

If 'yes' to either of the above please give full details under **Additional Information**

ENGINEERING INSPECTION

Plant Inspection required? YES NO

If 'yes' does the proposer require cover for:

a Boiler/Pressure Plant and Lifting/Handling Equipment? YES NO

b Electrical/Mechanical Plant and Local Exhaust Ventilation Plant? YES NO

ADDITIONAL INFORMATION / OTHER COVERS REQUIRED

Any other additional information or covers required? YES NO

If 'yes' please state

ASSUMPTIONS

It is assumed for the purpose of this quotation that the following statements are true. Please provide details of any variations from the statements below.

- 1** No insurer has ever declined or refused to renew a policy or applied special terms in respect of the insurances now proposed.
- 2** None of the proposers, partners or any directors of the proposers business have a criminal record or received a police caution in the last 5 years.
- 3** Neither the proposer or any directors of the proposers business have been the subject of bankruptcy proceedings or winding up arrangements or been subject to a County Court Judgement in the last 5 years.
- 4** No vehicles will be driven by any person who:
 - a** has any physical or mental defect or infirmity
 - b** has any conviction of any motoring offence during the past 5 years or has any prosecutions pending.