

Please ensure that all questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

Important Notice Concerning Disclosure: It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

SECTION 1 DETAILS OF PROPOSAL

1. a. Name of Proposer: _____ Title: _____
b. Address: _____ Postal Code: _____
c. VAT No./TRN (where applicable): _____
d. Contact Nos.: (H) _____ (W) _____ (M) _____ (F) _____
e. Email address: _____
2. a. Where are the premises located? _____
b. How long have you carried on business there? _____
c. When were the premises constructed? _____
d. Are the premises used only for the purpose of motor garage, workshop, or showroom? Yes No
If No, give details: _____
e. What is total area of the premises (include land and buildings occupied for the purpose of your motor trade business)? _____
f. How many petrol pumps and fuel storage tanks are there on the premises? _____
g. Give details of any power-driven cranes, elevators, lifts or hoists on the premises (other than vehicle hoists having a lifting capacity not exceeding 6 feet or its equivalent):

h. Do you require cover in respect of any adjoining area outside your premises used as a parking place for vehicle? Yes No
If Yes, give details and the area involved:

3. Give the total estimated annual turnover: _____
4. Do you carry out any work outside your premises at places not under your control? Yes No If Yes, please state:
a. type of work done: _____
b. address of location where work is done done: _____
c. estimated annual earnings in relation to such work: _____
d. maximum number of vehicles in the workshop at any one time: _____
5. Do you have in force with the company:
a. a Motor Trade Policy relating to the use on the road of vehicles you handle in the course of your business?
 Yes No If Yes, quote the Policy Number: _____
b. Fire and theft Policies covering all vehicles on your premises? Yes No
If Yes, quote the Policy Numbers: _____
6. Are you now Insured, or have you ever proposed for this class of insurance? Yes No
If Yes, please give particulars including name of the insurer: _____

7. Has any insurer:

a. cancelled, declined to accept or to continue your insurance? Yes No

If Yes, please give the date and full details including the name of the Insurer: _____

b. required a specially increased premium or imposed special conditions? Yes No

If Yes, please give the date and full details including the name of the Insurer: _____

8. Give particulars below of any claims made on you or by you during the last 3 years :

| Year | Total Number of Accidents | TOTAL COST OF SETTLED CLAIMS | | | OUTSTANDING CLAIMS | |
|------|---------------------------|------------------------------|-----------------------------|-----------------------------|--------------------|----------------|
| | | Death/Injury Third Party | Third Party Property Damage | Damage to your own Vehicles | Number | Estimated Cost |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

9. Which type of cover do you require?

a. Damage to own vehicles and third party liability.

If selected, what Limit of Indemnity cover do you require in respect of damage to your own vehicles (under Section I)?

\$ _____ any one accident or number of accidents out of one cause.

b. Third Party liability only

10. What Limit of Indemnity cover do you require in respect of Liability to Third Parties (under Section II)?

a. Accidental death or bodily injury to any person - \$ _____ any one accident or number of accidents out of one cause.

b. Accidental Damage motor vehicle or property - \$ _____ any one accident or number of accidents out of one cause.

11. What excess (deductible) are you prepared to carry?

\$ _____ any one accident or number of accidents out of one cause.

12. Do you require clients to sign a disclaimer? Yes No

SECTION 2 DECLARATION

NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

I/We declare that the statements and particulars in this Proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I/We agree that this Proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Proposer Name (Please print) _____

Signature _____ Date _____