

Motor Trade Road Risks

Proposal Form



Motor Trade Road Risks Proposal Form

Important notes

1. You are reminded of the need to disclose any material facts, i.e. those that the Insurer would take into account in the assessment and acceptance of this Proposal. If you have any doubt as to whether certain facts are relevant please ask your Insurance Broker or Intermediary. Failure to disclose ALL relevant facts may invalidate your Policy or may result in your Policy not operating fully.
2. It is an offence under the Road Traffic Act to make any false statement or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance.
3. 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.
4. Your Broker/Intermediary will supply you with a copy of the Policy Summary and Key Facts document. Please ensure you have read a copy of the Policy Summary and Key Facts document prior to completing this form.
5. You may be asked to provide documentary evidence that you are a motor trader. It is a requirement of the operation of any business that the proprietor(s) maintain formal business records and will be able to provide copies if asked at any time.

Policy No.

Intermediary No.

Ref.

Commencement date of insurance

Date insurance to start / /

A. You The Proposer

A1. Proposer 1 Mr Mrs Miss Ms

Forename(s)

Surname

Proposer 2 Mr Mrs Miss Ms

Forename(s)

Surname

Proposer 3 Mr Mrs Miss Ms

Forename(s)

Surname

A2. Trading Name (if applicable)

A3. Business Address

Postcode	Tel Number and Code
----------	---------------------

A4. Full trade or business description

A5. In respect of all partners or directors (including yourself) and the other named drivers, please state:

Full Name	Home address (including postcode)	Status (Proprietor, Employee, Business Partner, Spouse)
(proposer)		

A6. (a) Are you a FULL TIME Motor Trader? Yes No
 (b) Date business established? / /
 (c) Are you a PART TIME Motor Trader? Yes No
 (d) How many years experience in the Motor Trade?

(e) If you are a PART TIME motor trader describe your main/normal occupation below:
 Are you Employed Self Employed

(f) Do you have any other business or occupation? If yes please give full details below:

(g) Please describe your trade or business fully below:

	Tick ✓	Percentage		Tick ✓	Percentage	Other Motor Trade Activities	Percentage
Vehicle Sales		%	Breakdown Recovery		%		%
Vehicle Servicing		%	Body Repairs		%		%
Mechanical Repair		%	Vehicle Valeting		%		%

A7. Are you involved in (a) vehicle salvage, dismantling, breaking, scrap, sale of parts or recovery for such purpose? Yes No
 (b) selling, repairing, servicing or restoring motorcycles, scooters, quad bikes or trikes? Yes No

A8. Do you import or export vehicles? Yes No

A9. Do you specialise in selling, repairing, servicing or restoring:
 (a) Sports cars, high performance cars, prestige cars? Yes No
 (b) Veteran, vintage, classic cars? Yes No
 (c) Vehicles other than motor cars or light commercial vehicles? Yes No
 (d) 'Grey' imports? Yes No

If YES, to any question please give full details below:

B. Drivers

B1. (Cover is for named drivers only) Please list ALL drivers to be covered including THE PROPOSER

For Part-time motor traders cover is limited to the proposer and spouse plus one business partner/employee.

Please give full details of all drivers below:

Full Name	Date of Birth	Years Living in U.K.	Years Full UK Licence held	Occupation	Full or Part Time	If Part Time Other Occupation	Tick Use Required	
							Motor Trade	SD&P
(proposer)								

B2. Have you or any person named in Question B1:

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

Yes No

(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?

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

Yes No

(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 to the DVLA?

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

(f) had a claim repudiated/refused?

If YES to any question please give full details below:

C. Vehicles

C1. 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 and service vehicles. If your spouse is a named driver on this policy and his or her vehicles are to be covered by this policy please provide full details. Failure to declare ALL vehicles may invalidate your policy with the result that any claim will be rejected. Use a separate sheet if more space is needed.

Make/Model	Body Type	Year of Make	C.C./Plate or Gross Vehicle Weight	Date of Purchase	Price Paid	Estimated present Trade Value (£)	Full Registration No.

C2. 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 a separate sheet if more space is needed.

Make/Model	Body Type	Year of Make	C.C./Plate or Gross Vehicle Weight	Date of Purchase	Price Paid	Estimated present Trade Value (£)	Full Registration No.

- C3.** Are any of the vehicles listed under questions C1 or C2:
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| (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 ('grey' import)? | <input type="checkbox"/> | <input type="checkbox"/> |

If YES to any question, please give full details below:

--

- C4.** Do you have Trade Plates?
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

If YES, please give trade plate numbers:

--	--	--

C5. MOTOR INSURANCE DATABASE

As a result of the 4th EU Motor Insurance Directive you are obliged to provide the Motor Insurance Database (MID) with the registration numbers of all vehicles that are owned by you or your spouse if he or she is a named driver on this policy, 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 the vehicles concerned are shown under questions C1 and C2.

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 immediately when cover is required.

Full Registration Number	Purchase Date

Full Registration Number	Purchase Date

Use a separate sheet if more space is needed.

D. No Claims Discount

- D1.** (a) Please provide details of your previous/current insurance. This should be completed even if a 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.

- (b) Is a No Claims Discount being claimed?
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

If YES, state number of years

State which type of policy your discount is from:

Motor Trade Private Car Commercial Vehicle

- (c) Would you like to protect your No Claims Discount?
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

(Protected No Claims Bonus is only available to full-time Motor Traders with 4 or more years Motor Trade No Claims Bonus and who have had no fault claims in the past 3 years)

(d) If a No Claims Discount is not being claimed, please give reasons why:

(e) Is an introductory discount being claimed?

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

If YES, please provide evidence of your discount, i.e. a copy of your latest renewal notice or any other document showing your claim free driving entitlement.

Years %

E. Cover

E1. (a) Do you require? Comprehensive Third Party Fire & Theft Third Party Only

(b) COMPREHENSIVE policies provide cover up to £7500 for loss or damage to any one vehicle. This limit can be increased on payment of an Additional Premium. PART TIME MOTOR TRADERS maximum limit £12500.

Please tick indemnity limit required. Split indemnities are only available for full-time Motor Traders requiring Comprehensive cover, who have no involvement with vehicle sales.

Own Vehicles:

£7500 £10000 £12500 £15000 £20000 £25000 £30000

Customer Vehicles:

£7500 £10000 £12500 £15000 £20000 £25000 £30000

THIRD PARTY FIRE & THEFT policies provide cover up to £5000 for loss or damage, by fire, theft or attempted theft, to any one vehicle. This limit can be increased to £7500 on payment of an Additional Premium.

Please tick indemnity limit required £5000 £7500

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

(c) Do you require Demonstration Cover for an additional premium?

This cover only applies when the prospective purchaser is accompanied by the Policyholder or named driver covered for Motor Trade purposes. During the demonstration you must ensure that you or the named driver are in control of the vehicle and keys at all times.

E2. COMPREHENSIVE policies are subject to a £250 Accidental Damage, Fire and Theft excess.

To increase the excess please tick level required: £500 £750 £1000

THIRD PARTY FIRE & THEFT policies are subject to a £250 Fire and Theft excess.

F. Material Facts

Please complete this section

A material fact is any fact which could influence the assessment of this proposal. Failure to tell us about 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? (If YES, please give details below)

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

Law Applicable to Contract

You and we are free to choose the law applicable to this contract but in the absence of agreement to the contrary the law of the country in which you are resident at the time of the contract will apply. If you are not resident in the United Kingdom, the law that will apply will be the law of England and Wales.

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

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 authorised and regulated by the applicable body 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) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI) 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 an accident 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.

Your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers Information Centre (MIIC). This may be consulted by the Police in order to establish who is insured to drive the vehicle. If you are involved in an accident (in the UK or abroad), other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to ascertain relevant policy information. Persons with a valid claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID. You can find out more about this from Covéa Insurance, or at www.miic.org.uk.

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.

You should show this notice to anyone insured to drive the vehicle covered 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, Norman Place, Reading, RG1 8DA.

Declaration by the Proposer(s)

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, ABI 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, ABI and fraud prevention agencies may pass you information they have received from other insurers about other incidents anyone insured to drive the vehicle covered under the policy have been involved in.

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

Second Signature (required by proposals in joint names)

Third Signature

Position held (if proposal is in a company name)

Have you enclosed: **Copy of the driving licences (counterpart and both sides of photocard) for all drivers?**
Proof of No Claims Discount (latest renewal notice)?

INTERMEDIARY USE ONLY:

Sub-Total

£

Plus Tax

£

Grand Total

£

Covéa Insurance

Norman Place

Reading

RG1 8DA

Telephone: 0844 902 1000

Fax: 0118 955 2211

www.coveainsurance.co.uk

Covea Insurance plc

Registered Office: Norman Place, Reading, Berkshire RG1 8DA

Registered in England and Wales No. 613259

Authorised by the Prudential Regulation Authority and regulated by the

Financial Conduct Authority and the Prudential Regulation Authority No. 202277

L23S 06/13

