

**MOTOR TRADE QUOTE PROFORMA**

This form is designed and intended for use by general insurance brokers only. Please read the following questions carefully and answer them all. If more space is needed, please provide the information separately. If you have any questions, please contact us on 01622 681 243.

**Proposer Details**

Proposer's Name(s)

Trading Name (if any)

Website

Risk Address

Risk Postcode

Correspondence Address (if different to risk address)

Correspondence Postcode

Full description of the business

How many years has the business been trading?

Details of the proposer's relevant experience and any qualifications held

How long has the brokerage held the business?

Who is the existing insurer?

What is the target premium?

## General Information

Has the proposer or any partner, director, principal shareholder or family member involved with the business either in a domestic or business capacity ever:

Been declared bankrupt or insolvent either as private individuals or in connection with any business? Yes No

Been the subject of a county court judgement in England, Northern Ireland or Wales or a decree in Scotland in respect of debt either as private individuals or in connection with any business? Yes No

Been officers of a company that has been declared insolvent, or had a receiver or liquidator appointed, or entered into arrangements with creditors in accordance with the 'Insolvency Act 1986' or any subsequent legislation? Yes No

Been disqualified under the 'Company Directors Disqualification Act 1986 or any subsequent legislation? Yes No

Been convicted of or charged with but not yet tried for a criminal offence other than a motoring offence, or those considered spent under the Rehabilitation of Offenders Act 1974? Yes No

Been prosecuted or received notice of intended prosecution under 'The Health and Safety Act' or any welfare or environmental prosecution legislation? Yes No

Been prosecuted or received notice of intended prosecution under 'The Food Safety Act'? Yes No

Had an insurance contract cancelled or declared void, or a claim repudiated, or renewal refused due to a breach of a policy condition or due to non-disclosure or misdescription or misrepresentation of a material fact? Yes No

Had insurance cover restricted or cancelled or renewal refused due to non-compliance with risk improvement requirements? Yes No

Entered into any agreement assuming liability for injury, illness and/or loss or damage for which the insurer would not have been liable in the absence of such agreement? Yes No

Suffered any claim, loss or incident whether insured or not, within the last five (5) years? Yes No

Is there any additional information or detail which may assist us in assessing the nature of the risk being proposed, and which may influence our decision to accept this risk, or in setting the terms and premium? Yes No

Examples of such information are:

- i. any special or unusual facts relating to the risk
- ii. any particular concerns which led to the proposer seeking cover
- iii. anything that would generally be understood to provide a fair description of the risk, taking account of the nature of the proposer's business and the activity undertaken at the premises or elsewhere

If yes has been answered to any of the questions above, please provide full details

**Premises Details**

Type of premises

What type of area are the premises located in, e.g., commercial, industrial, residential, etc.?

Are the premises self-contained? Yes      No

Are the premises shared with any other businesses Yes      No

Are the premises in a good state of repair? Yes      No

When was the property built?  How many storeys?

Are the premises constructed of materials other than brick, stone or concrete and roofed other than with slate, tiles, asphalt, concrete or metal? Yes      No

If no, please provide details

Does any part of the building have a flat roof? Yes      No

If yes, what is the approximate percentage of roof area that is flat, what is it constructed of and when was it last inspected?

Are the premises subject to any preservation order or listing? Yes      No

If yes, please state the relevant listing

Are there any composite panels on the property? Yes      No

If yes, please provide details

What type of business activities are carried out by adjoining premises, if applicable?

Do the premises have a current IEE electrical certificate? Yes      No

What year were the electrics in the building last inspected by a qualified NICEIC electrician?

How are the premises heated, e.g., fixed heating, oil, etc.?

Are portable heaters used? Yes      No

Is any heat work carried out at the premises? Yes      No

Is any work carried out using fixed woodworking machinery? Yes      No

Is work carried out away from the premises other than collection and delivery? Yes      No

Is there a formal health and safety policy in place? Yes      No

Is a 3D printer used? Yes      No

Are Fire Extinguishers serviced annually, sited in a conspicuous position on each floor of the building(s) and within any garage / workshop? Yes      No

Are sprinklers fitted at the premises? Yes      No

How many miles are the premises from the nearest full-time fire brigade?

Is combustible waste secured and stored at least five (5) metres from the buildings? Yes      No

Do any processes run unattended? Yes      No

Are all external doors fitted with a minimum of five (5) lever mortice deadlocks that comply with BS3621? Yes      No

Are all opening ground flood and accessible opening windows fitted with key operated window locks? Yes      No

Are the premises protected by an intruder alarm system? Yes      No

If yes:

What type of alarm do you have:                      Bells only    Private Dialler

Central Station    BT Redcare    BT Redcare GSM

Is there a Level 1 police response Yes      No

Is the alarm maintained under contract? Yes      No

Please provide details of any other security arrangements in place, e.g., roller shutters, window grilles, CCTV, security guarding, premises occupied overnight, etc.:

**Subsidence Details**

a) Have the premises previously suffered any occurrence of subsidence, landslip or heave? Yes      No

b) Do the premises show any signs of cracks or other signs of damage attributable to subsidence, landslip or heave? Yes      No

c) Have the premises ever been subject to a survey due to subsidence, landslip or heave? Yes      No

d) Have the premises ever been (including at the current time) monitored for subsidence, landslip or heave? Yes      No

e) Do the premises have any trees or shrubs within five (5) metres of any buildings (whether inside or outside the boundaries) which are within seven (7) metres of the buildings and/or are taller than three (3) metres? Yes      No

f) Have any special terms and conditions been applied in respect of subsidence? Yes      No

If yes has been answered to a), b), c), d), e) or f) above please provide full details

If there are trees or shrubs, are they annually lopped/pruned as part of the proposer's garden maintenance? Yes      No

What is the current subsidence excess?

**Flood Details**

- a) Are the premises free from flooding and in an area which is free from flooding? Yes      No
- b) Are the premises at least 400 metres away from a watercourse (river, stream or other water course or sea)? Yes      No

If no has been answered to a) or b), please provide details

- c) Have the premises received any flood warnings in the last five (5) years? Yes      No
- d) Are the premises within an area that is exposed or susceptible to storm damage? Yes      No
- e) Have any special terms and conditions been applied in respect of flood? Yes      No

If yes has been answered to c), d) or e), please provide details

What is the current flood excess?

**Covers Required**

Choose any of the following covers - please tick the applicable box for the covers required

- Employers' Liability Yes      No
- Public Liability Yes      No
- Products Liability Yes      No
- Property Yes      No
- Business Interruption Yes      No
- Money Yes      No

Glass Yes      No

Goods in Transit Yes      No

**Employers' Liability**

Our standard limit of liability is £10,000,000, is a higher limit required? Yes      No

If yes, what limit is required?

What is the Employer Reference Number (ERN)

Please provide the total number of:

Directors, principals and partners

Employees

Bona Fide Sub Contractors

Please provide the annual wage roll split by occupation category:

Clerical

Clerical Sales

Manual

Manual Work Away

Labour Only Sub Contractors

Directors / principals

Woodworking Machinists

Bona Fide Sub Contractors

Others (please describe)

**Public and Products Liability**

What limit is required?      £1,000,000                      £2,000,000                      £5,000,000

Is a higher limit required? Yes      No

If yes, what limit is required?

What is the total annual and overseas turnover?

United Kingdom       USA / Canada

**Property**

If cover is not required for any of the items listed below, please put £0 in the box

Buildings

Tenants Improvements				<input type="text"/>
Contents				<input type="text"/>
Fixtures, fittings, plant & machinery				<input type="text"/>
Portable tools and diagnostic equipment				<input type="text"/>
Computers / electrical equipment				<input type="text"/>
Stock				<input type="text"/>
Tyres				<input type="text"/>
Vehicles (total owned and customers)				<input type="text"/>
Maximum value of any one vehicle				<input type="text"/>
Maximum value of any one vehicle in the open				<input type="text"/>
<b>Business Interruption</b>				
Gross Profit				<input type="text"/>
Gross Revenue				<input type="text"/>
Book Debts				<input type="text"/>
Indemnity Period	12 months	24 months	36 months	
Loss of Rent				<input type="text"/>
Indemnity Period	12 months	24 months	36 months	
Loss of MOT Licence (£100,000 standard limit)				<input type="text"/>
<b>Glass</b>				
External fixed glass				<input type="text"/>
External signs & blinds				<input type="text"/>
<b>Goods in Transit</b>				
Goods in transit limit per vehicle				<input type="text"/>
Vehicles in transit limit per vehicle				<input type="text"/>
Annual carryings				<input type="text"/>
Number of vehicles				<input type="text"/>
<b>Money</b>				
Estimated annual carryings				<input type="text"/>
On the premises during working hours				<input type="text"/>



Whilst in transit	<input type="text"/>
In a locked safe/strongroom outside working hours	<input type="text"/>
At principal's private premises	<input type="text"/>
All other money	<input type="text"/>

**Extensions**

Subsidence cover	Yes	No		
Flood cover	Yes	No		
Accidental damage – buildings	Yes	No		
Accidental damage – contents	Yes	No		
Alternative accommodation	Yes	No		
Day one uplift	Yes	No	If yes, what percentage	<input type="text"/>