Pennant Insurance Services

Motor Trade & Road Risks

Inception Date:		
Title:		**Proposer/Correspondence Address:**
Forename:		
Surname:		
D.O.B		
Phone:		
Email:		

Company Status (Circle as appropriate)	Partnership / Limited / Sole Proprietor / Club / Individual Trading as / Charity /Company Trading as / Limited Partnership / Public Limited / Religious Organisation / Society / Company Trading as
Trading Name (List all Partner names if Partnership): Trading as (If Applicable):	
Business Premises Address:	
Full Business Description:	
Company Registration Number:	
ERN:	
Company Website Address:	www.
Years established: **(if new venture give details of experience in motor trade)**	
Are you a main dealer or concessionaire for any specific makes of vehicle? **(if yes please specify)**	Yes / No
Are you a member of any motor trade association? **(if yes please specify)**	Yes / No

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General Questions:

Indicate the max value of any one vehicle which you own or which could be in your custody or control:	£
Please state the annual turnover of the business and show how this is made up below:	£

Sales of new vehicles:	%	Self Drive Hire:	%	Sale of parts & accessories:	%
Sales of used vehicles:	%	Private Hire	%	Commodities (sweets/cigarettes etc):	%
Petrol Sales (24hrs):	%	Body Repairs:	%	Mechanical Repairs & Servicing:	%
Petrol Sales (normal biz hours)	%	Full Spraying:	%	Vehicle Breaking / Dismantling:	%
Recovery Work:	%	Touch up Spraying:	%	All Other Work:	%

Give details of all other work:

Do you regularly handle:	
Sports & High Performance Cars?	Yes / No
Vehicles with a value exceeding £20,000?	Yes / No
Public Service Vehicles?	Yes / No
Commercial Vehicles exceeding 5 tons?	Yes / No
Veteran or Vintage Vehicles?	Yes / No
Agricultural Vehicles or Contractors Plant?	Yes / No
Motorcycles?	Yes / No
Specialist Vehicles other than the above?	Yes / No
If yes to any of the above please give details:	

Do you keep Stock and Sale Books & other records of the business?	Yes / No
If yes are they kept in a fireproof safe?	Yes / No
If no, where are they kept?	

Are your books regularly audited?	Yes / No
If yes, please give name and address of your auditors?	

Do you or any of the directors or partners engage in any other business or occupation?	Yes / No
If yes, please give details:	

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Road Risks

Is Insurance Required?	Yes / No	
Please circle cover required:	Comprehensive / Third Party Fire & Theft / Third Party Only	
State level of excess:	Applied by current insurer:	Required (min £250)
How many trade plates do you hold?	**Registration Details:**	

Indicate the maximum number of vehicles at any one time which are:	
Held for sale but not licensed for road use:	
Held for sale which are licensed for road use:	
Held for repair or testing	
Parked on the road in the vicinity of the garage during working hours	
Parked on the road in the vicinity of the garage overnight	

Vehicles:

Please provide details of any of the following owned or leased by you:

Vehicles used for recovery purposes:

Make	Model	Type of Body	G.V.W	Reg. No	Value

Goods carrying vehicles used for hire and reward:

Make	Model	Type of Body	G.V.W	Reg. No	Value

Vehicles for loan or hire to customers whose vehicles are in your custody for repair & servicing:

Make	Model	Type of Body	G.V.W	Reg. No	Value

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Vehicles used for other business use:

Make	Model	Type of Body	G.V.W	Reg. No	Value

Any other vehicles owned or leased in, inc those for sale which are licensed for road use:

Make	Model	Type of Body	G.V.W	Reg. No	Value

If you have any other vehicles which are covered by any other insurance policy, provide details:

Make/ Model	Type of Body	G.V.W or C.C	Reg. No	Value	Vehicle Use	Insurer

Provide details of all persons who will drive for business purposes including Principles / Partners / Directors / Employee. State if Part-Time and any other occupations held.

Full Name	Age	Capacity in which employed	Is Biz Use Required?	Is Pleasure Use Required?	Reg No. of vehicles to be used	Full Licence Held?

Non employees requiring pleasure use:

Full Name	Age	Occupation	Reg No	Full Licence?

Do you employ casual drivers? **(If yes give numbers & frequency)**	Yes / No

Will any vehicle be driven by any person who:	
Has any physical or mental defect or infirmity or who suffers from diabetes, epilepsy or any heart complaint or other disease or infirmity?	Yes / No
Has been convicted of any motoring offence during the past 5 years or has any prosecution pending?	Yes / No
Been disqualified from driving in the last 10 years?	Yes / No
If YES to any of the above, please give details:	

Do you use subcontractors to carry out any work on vehicles? YES / NO

If yes, provide name, address & occupation of subcontractors used below:

NAME	ADDRESS	OCCUPATION

Is cover required for damage to windscreens / windows?	Yes / No
Is cover required for driving by prospective purchasers whilst accompanied by the Policyholder or a person employed by the Policyholder?	Yes / No
Do you require full policy cover on vehicles loaned or hired to customers whilst their vehicles are in your custody for repair or servicing?	Yes / No
Are you entitled to a no claims bonus earned on a motor trade road risks policy? (if yes how many years?	Yes / No Years

Do you currently hold (or have you held) during the 3 years, insurance in respect of;			
Self Drive Hire	**Private Hire**	**Private Car**	**Other Motor Vehicles**
Yes / No	Yes / No	Yes / No	Yes / No
If YES to any of the above, please give details of insurer, policy type, policy number and expiry date			

Internal Risk (Premises)

Is Insurance Required?	Yes / No
Property To Be Insured	**Sum To Be Insured**
The Buildings of the premises (inc landlords fixtures & fittings, outbuildings, walls, gates & fences and glass in the structure)	£
Tenants Improvements / Decorations for which you are responsible	£
Glass replacement – where for any reason the Buildings are not insured by this insurance do you require to cover breakage of all fixed glass in the structure of the Building inc any glass within Tennants Improvements?	Yes / No

Stock and materials in Trade belonging to you or for which you are responsible	£
Stock of cigarettes, tobacco and cigars	£
Stock of video tapes / DVD	£
Stock of vehicle audio equipment inc cassettes & CD's	£
Stock of clothing	£
Tyres	£

Plant Machinery, Trade Fixtures, Fitting and All Other contents except Property listed below	£
Portable hand tools belonging to the proposer and/or employees & for which the proposer has accepted responsibility (max value £750 for any one tool)	£
Electronic business machines, computers and software (excl vehicle diagnostic equipment)	£
Proposers vehicles the property of or leased in by you or held by you on consignment	£
Customers vehicles in your custody or control	£
Customers Goods in your custody or control	£

Are the premises to be insured:

Built entirely of brick, stone or concrete and roofed with slate, tiles or concrete?	Yes / No
Low pressure hot water apparatus, or fixed mains gas or fixed electric appliances?	Yes / No
In a good state of repair with all machinery properly fenced or guarded and in good order?	Yes / No
Solely occupied by you>	Yes / No
If you have answered NO to any of the above, please provide full details below;	
Are the premises specially exposed to damage by storm?	Yes / No
Are the premises to be insured in an area susceptible to flooding?	Yes / No
If YES, provide details of known improvements made/planned by the environmental agency;	

Internal Risk (continued)

Is an Intruder Alarm System installed in your premises?	Yes / No
If yes, please state the name of the Alarm Company:	
Is it maintained by the Alarm Company under contract?	Yes / No
Method of signaling (e.g Redcare, Redcare GSM & Parknet)	
Has police response been withdrawn or the level of response reduced or delayed?	Yes / No
If YES, please give details;	

What are your normal hours of trading inc petrol sales?	
Do you leave vehicles in the open at the premises after business hours?	Yes / No
If YES, what precautions are taken to minimise the risk of theft and /or malicious damages?	
Approximate value of vehicles in the open (excl compounds)	£

Do you require cover for subsidence, ground heave & landslip on Building? (if YES please state whether;	Yes / No
The premises have suffered or are showing any signs of damage from these perils?	Yes / No
The properties either side of your own have suffered or are now showing signs of the damage?	Yes / No
To your knowledge the vicinity is susceptible to this damage?	Yes / No
The premises are in the immediate vicinity of any river bank, railway embankment or cutting, cliff, quarry, mine or any other underground working or made up ground?	Yes / No
Are there any trees or shrubs over 7m (20ft) in height within 10m (30ft) of the premises	Yes / No

Business Interruption:

Is Insurance Required?	Yes / No
Indemnity period required? (minimum 12 months)	Months
Annual Gross Profit (Including Payroll)	£
Gross Profit (inc payroll) where the Indemnity Period exceeds 12 months	£
Outstanding debit balance (based on the maximum outstanding at any one time)	£
State type of records kept of outstanding debit balances eg computer or manual records	£
If duplicate records are kept, state where they are kept	

Do you require cover for loss of MOT licence? **(if yes state, for each premises below)**	Yes / No
Vehicle Testing Number:	
Annual MOT test fee income:	**£**
Number of bays you operate at the premises:	
Number of years you have been conducting MOT tests:	
Have you or any nominated testers received any warnings in the past 5 years? (if yes, give details)	Yes / No
Whether you have had or are currently under threat of suspension or withdrawal of your MOT Testing Station Licence? (if yes, give details)	Yes / No

Goods in Transit:

Is Insurance Required?	Yes / No
Stock in trade and other goods (excluding Motor Vehicles) being vehicle components, parts, accessories, etc, in any vehicle belonging to the proposer;	**£**
Motor vehicles carried on a vehicle and/or trailer designed for the purpose;	**£**
Maximum number of vehicles regularly used for transporting stock/equipment;	
Maximum number of vehicles regularly used for transporting vehicles;	
Do you operate a recovery service?	Yes / No
Do you engage in delivery or collection of new or second hand vehicles by transporter?	Yes / No
If yes to either of the above, please state the max number of vehicles which can be conveyed on the vehicle carriers at any one time;	
Do you leave any vehicles loaded overnight in the open? (if yes give details of any special vehicle immobilisers, anti theft devices, vehicle alarms, tracker devices fitted, if none, state none)	Yes / No
Do you engage in transits outside of the United Kingdom (If yes, give details and countries regularly visited)	Yes / No

Loss Of Money:

Is Insurance Required? **(if yes, state maximum amounts for each below)**	Yes / No
In transit and / or in a Bank Night Safe	£
On the premises during business hours	£
On the premises after business hours;	
In a locked safe	£
Not in a locked safe	£
Make / Model of Safe	
Age of Safe (years)	
Anchored to the floor?	Yes / No
Money left with fuel sales staff after 8pm throughout the night until normal opening in their custody (not in safe)	£
In private dwelling of proposer or authorized director /partner/employee	£
Estimated Annual Amount of money in Transit **(excl crossed cheques and other non-negotiable money)**	£
Where the maximum amount of money in transit exceeds £3000 at any one time, please answer the following;	
How often is money banked or collected?	
Are the journeys to the bank made by;	
You and / or your staff?	Yes / No
Security Company?	Yes / No
Where the journeys are made by you, how many people accompany the money **(min 2 required)**	
Where the journeys are made by a security company, have they accepted responsibility for the money?	Yes / No

Wrongful Conversion: (only available if you are a subscriber to HP Information Ltd

Is Insurance Required?	Yes / No
State max indemnity required in any one year **(min £5000 max £25000)**	£
If payments for used vehicles are made by cheque or where part exchange is involved, is evidence of the transaction clearly recorded?	Yes / No
Are accurate records kept of all used vehicles purchased and sold?	Yes / No
Are you a subscriber too HP Information Ltd?	Yes / No

Personal Accident (Following ASSULT):

Is Insurance Required?	Yes / No

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Employers & Public Liability:

Is Insurance Required?	**Employers Liability**	Yes / No
	Public Liability	Yes / No

Is all of your plant which is subject to Statutory Regulations regularly inspected by qualified engineers as required by legislation?	Yes / No
Do you comply with the requirements of the Factories Act, the Health & Safety at Work Act and the Control of Substances Hazardous to Health Regulations (and any special regulations thereunder) or any similar legistlation?	Yes / No
Have you or any of your Directors, Partners or Employees ever been;	
Prosecuted under any of these Acts or Regulations?	Yes / No
Served with a Prohibition Notice under the Health and Safety at Work Act? **(If yes, please give details)**	Yes / No
Do you have a written safety policy which is brought to the attention of your employees?	Yes / No
Do you store liquid or gases in bulk? (if yes, please give full details)	Yes / No

Indicate the nature of the surrounding neighborhood of the Premises (within 1KM) (please circle)

Industrial Area	**Public Services (hospitals/schools etc)**
Light Industrial Area	**Surface Water (River, Stream etc)**
Agricultural	**Residential Area**
Forest	**Other (please specify)**

Have you or, to your knowledge, any former owner or occupier of the Premises;	
Ever been prosecuted or sued for any pollution problems?	Yes / No
Ever has any incidents of pollution, or incidents likely to cause pollution?	Yes / No
Ever carried in any industrial activity which was the subject of an environmental permit or licence? (if yes give full details)	Yes / No

Estimated Annual Wages, Salaries and all other earnings;

Type of Work	**No. of Persons**	**Partners & Directors**	**Employees (inc Self-employed and Sub Contactors)**
Clerical Secretarial Administrative			
Pump Attendants & Cashiers			
Mechanics, Fitters & Others			
Under Employers Liability, do you wish to insure Injuries to working Partners?			Yes / No

Defective Workmanship:

Is Insurance Required?	Yes / No
What (approx) is the maximum number of vehicles in the process of servicing or repair at any one time?	
Do you specialize in customizing, modification or other major alteration work to vehicle engines or other components? **(If yes, give details)**	Yes / No
Do you export vehicles or any other goods? **(if yes, give full details inc type of goods (if other than vehicles) and details of where to/from)**	Yes / No
Do you import vehicles or any other goods? **(if yes, give full details inc type of goods (if other than vehicles) and details of where to/from)**	

Engineering Inspection:

Do you require Plant Inspection?	Yes / No
If yes, do you require cover for;	
Boiler / Pressure Plant and Lifting / Handling Equipment?	Yes / No
Thorough examination of all pressure systems, containing a relevant fluid, which require a written scheme of examination under regulation 8 of The Pressure Systems Safety Regulations **Thorough examination of equipment used for the purpose of raising and/or lowering a load (where the load can include persons) as required by regulation 9 of the Lifting Operations & Lifting Equipment Regulations.**	
Electrical / Mechanical Plant and Local Exhaust Ventilation Plant?	Yes / No
Visual Inspection of motors / compressors contained within qualifying pressure systems under the Boiler / Pressure Plant item above. **Thorough examination and test of all systems used for the extraction of vehicle exhaust gases, solvent or paint fumes and brake dust linings as required by Regulation 9 of The Control of Substances Hazardous to Health Regulations (This excludes the initial appraisal or re-validation of such systems as may be required under HSG54)**	

Claims History: Road Risks

Give details of any accident or losses (whether covered by insurance or not regardless of blame) during the past three years in connection with Motor Vehicles owned or driven by you or by any person who to your knowledge may drive. If none, then answer "none".

Date & Year	Drivers Name & Age	Circumstances	Amount Paid / Outstanding

Claims History: Internal Risks

Give details below of all losses or damage sustained by, and / or claims made against you or any director or partner either in the name of the business proposed or in the name of any other business in which any of you have has an interest, in the last three years (whether the incident was insured or not). If none, answer none.

Date and Year	Type of Claim	Brief Details	Amount Paid / Outstanding

Employers Liability Tracing Office (ELTO)

Are you exempt from holding a HM Revenue & Customs Employers Reference Number, because all Employees (inc labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold?	Yes / No
If no, please enter your Employer Reference Number; **An Employer Reference Number is also known as an Employer PAYE Reference number and is given to every business that registers with the HM Revenue & Customs as an employer. An example of a PAYE reference in the correct format is 913/WZ51258**	

Do you have a Companies House Registered Office Address? **(if yes please provide full details below)**	Yes / No
Please provide address including Post Code:	
Are there any subsidiary company details to be included? (if yes, please provide full details below)	Yes / No
Name of the first subsidiary company to be included;	
Registered Office Address of this subsidiary (Post Code must be shown)	
Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (inc labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is no UK based?	Yes / No
If no, enter the Employers Reference number for this subsidiary;	

Employers Liability Tracing Office (ELTO) cont:

Name of the second subsidiary company to be included;	
Registered Office Address of this subsidiary (Post Code must be shown)	
Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (inc labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is no UK based?	Yes / No
If no, enter the Employers Reference number for this subsidiary	

Name of the third subsidiary company to be included;	
Registered Office Address of this subsidiary (Post Code must be shown)	
Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (inc labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is no UK based?	Yes / No
If no, enter the Employers Reference number for this subsidiary	

Are there any subsidiary companies to be excluded from this insurance? **(if yes please provide full details)**	Yes / No
Name of the 1st subsidiary to be excluded:	
Name of the 2nd subsidiary to be excluded:	
Name of the 3rd subsidiary to be excluded:	

Data protection and Declaration:

At Pennant Insurance Services we are aware of the trust you place in us when you buy our products and our responsibility to protect your information.

Motor Insurance Database MID

Information relating to your policy will be added to the Motor Insurance Database (MID) managed by the Motor Insurers' Bureau (MIB).

MID and the data stored on it may be used by certain statutory and / or authorised bodies including the police, the DVLA, the DVANI, the Insurance Fraud Bureau and other bodies permitted by law for purposes not limited to but including:

- Electronic Licensing;
- Continuous Insurance Enforcement;
- Law Enforcement (prevention, detection, apprehension and or prosecution of offenders);
- The provision of government services and or other services aimed at reducing the level and incidence of uninsured driving.

If you are involved in a road traffic accident (either in the UK, the EEA or certain territories), insurers and or the MIB may search the MID to obtain relevant information.

Persons (including his or her appointed representatives) pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on MID.

It is vital that the MID holds your current registration number. It is our responsibility to update your policy to the MID. We fully comply with the agreements in place with the MIB to update your details within seven days, however, it is important that you check your policy documents, ensuring the registration number is recorded correctly.

If it is incorrectly shown on the MID, you are at risk of having your car seized by the Police. You can check that your correct registration number is shown in the MID at www.askMID.com. If the registration number is not shown correctly on your policy documents, or you cannot find your car on the MID, please contact us immediately.

Declaration:

I/we declare that:

- If any answer has been printed or written by any other person, he/she shall be my agent for that purpose. I also confirm that any data which I have supplied in this form about other persons is given with their knowledge and authorisation.
- To the best of my/our knowledge and belief the information given in this form is correct and complete in every details
- I/we accept and conform to the terms, conditions and exceptions of the policy (a specimen of which is available on request) in the standard form issued by the Company for the Insurance now proposed and I will pay the premiums theron.

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Please confirm the following:

THE PROPOSER(S) / DIRECTOR or PARTNER IN THE BUSINESS:	**I Agree**
Has never been convicted, charged (but not yet tried) or been given an official police caution in respect of any criminal offence (other than a Road Traffic motoring offence).	
Has never been Declared Bankrupt (other than a bankruptcy that has been discharged) or insolvent.	
Are not subject to any current bankruptcy or insolvency proceedings	
Have no outstanding County Court Judgements(s) or Sheriff Court Decree (s)	
Have never been prosecuted or received notice of intended prosecution under the Consumer Protection Act, Food Safety Act, Health & Safety Act or welfare or environmental protection legislation.	
Have never had an Insurance application refused, an Insurance application cancelled or renewal refused, any increased or special terms applied to any business insurance.	

By signing below, you agree that all the information provided is true and accurate to the best of your knowledge and no attempt has been made to provide false information in order to influence the price of your quotation. You also agree that no action can be taken against Pennant Insurance Services in the event the information disclosed is not accurate or correct.

If your circumstances change after a quotation has been offered, it is important that you provide us with these changes as it may affect your quotation premium.
You MUST also notify us of any changes to your circumstances once a policy has gone on cover. Failure to do so may result in your insurance becoming invalid.

Name:	**Date:**
Signature:	