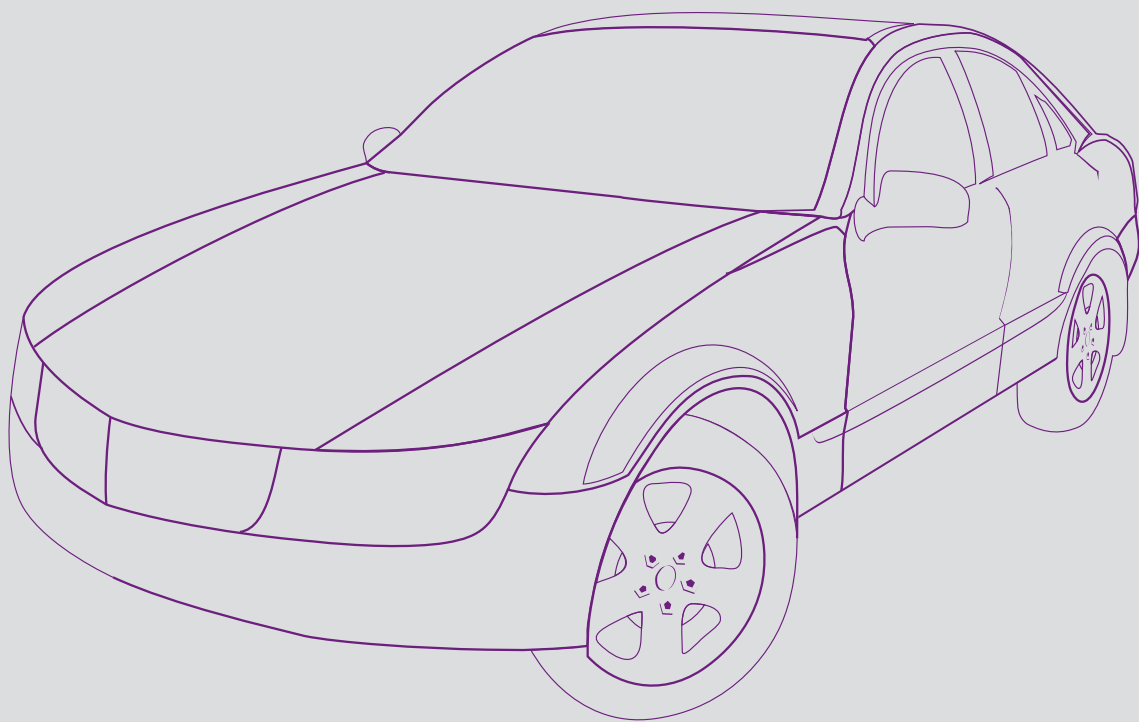


# MOTOR TRADE COMBINED DECLARATION



MOTOR TRADE  
COVER WITH  
ADDITIONAL PARTS

# Motor Trade Combined

## New Business Declaration

- When completing this Form, please tick the appropriate boxes and answer all questions using **BLOCK CAPITALS**.

### Important Note

You are under a duty to make a fair presentation of the risk to us before the inception, renewal and alteration of your policy.

This means that you must tell us about and/or provide to us all material information or tell us and/or provide to us sufficient information to alert us of the need to make further enquiries to reveal such material information. This information needs to be provided in a clear and accessible manner.

Material facts are those which are likely to influence us in the acceptance of the terms or pricing of your policy. If you have any doubts as to whether any information is material you should provide it to us.

Failure to disclose any material fact may invalidate your policy in its entirety or may result in your policy not responding to all or part of an individual claim or class of claims.

In order to comply with your duty to make a fair presentation you must also have conducted reasonable searches for all relevant information held:

- within your business (including that held by your senior management and anyone who is responsible for your insurance); and
- by any other person (such as your broker, intermediary or agent or a person for whom cover is provided by this insurance)

### A Proposers Details

Full Name of Proposer including Subsidiary Companies to be Insured:

Intermediary:

Intermediary Quote Reference:

NIG Quote Reference:

### B General Questions

If you answer **yes** to any of the following general questions, please give details on the following page. If any of the information is incorrect please contact your Insurance Intermediary immediately.

- 1 Have 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 had an interest:
- a** ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required or special conditions imposed by any insurer? Yes  No
- b** sustained any loss or had any claim made against you / them, whether insured or otherwise in respect of any of the insurances required at the above or any previously occupied locations during the last 3 years? Yes  No
- c** ever been convicted of or is any prosecution pending for any offence involving arson, violence or dishonesty of any kind (excluding any motoring convictions)? Yes  No
- d** ever been the subject of a County Court Judgement and/or ever been cited in any unsatisfied court judgements (or the Scottish equivalent)? Yes  No
- e** ever been declared bankrupt or insolvent? Yes  No
- f** ever been prosecuted under the Health and Safety at Work Act 1974 or have such a prosecution outstanding? Yes  No

**B** General Questions *continued*

2 Have you been in business for less than 3 years? Yes  No

If **yes**, please provide previous business history in the box below.

3 Do you or any directors engage in any other business or occupation? Yes  No

4 Are you presently insured (or have you been insured in the past) for the risks you are now proposing? Yes  No

If **yes**, please confirm Insurer and Policy number in the box below.

If you have answered **yes** to any of the General Questions, give details below.

**Material Facts**

**Important Notice**

All material facts must be disclosed. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an insurer in the acceptance and assessment of the risk presentation, e.g. intended unoccupancy of the property, a young or inexperienced driver or any offence (including non motor related offences such as fraud, robbery, theft or handling stolen goods) or prosecutions pending, or infirmities of any driver. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer. If any changes in circumstances arise during the period of insurance cover please provide your insurer with details.

A specimen copy of the policy wording is available on request. We recommend you keep a record (including copies of letters) of all information provided to the insurer for your future reference. A copy of the completed risk presentation will be supplied on request within a period of three months after its completion.

Disclosures should be clear and specific. The insurer will not be deemed to have knowledge of any information generally referred to (for example the contents of company websites listed in the risk presentation) or any matter not expressly drawn to our attention.

**C** Employers' Liability Tracing Office (ELTO)

1 Are you exempt from holding a HM Revenue & Customs Employers Reference Number, because all Employees (including 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 HM Revenue & Customs as an employer. An example of a PAYE reference in the correct format is: 913/WZ51258.

**C** Employers' Liability Tracing Office (ELTO) *continued*

2 Do you have a Companies House Registered Office Address?

Yes

No

If 'yes' please provide details (Postcode must be shown)

Post Code

3 Are there any subsidiary companies to be included in this insurance?

Yes

No

If 'yes' please provide full details

Name of first subsidiary company to be included

--

Registered Office Address of this subsidiary (Postcode must be shown)

Post Code

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based?

Yes

No

If 'no' enter the Employers' Reference Number for this subsidiary

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Name of second subsidiary company to be included

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Registered Office Address of this subsidiary (Postcode must be shown)

Post Code

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based?

Yes

No

If 'no' enter the Employers' Reference Number for this subsidiary

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Name of third subsidiary company to be included

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Registered Office Address of this subsidiary (Postcode must be shown)

Post Code

**C Employers' Liability Tracing Office (ELTO) *continued***

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based?

Yes  No

If 'no' enter the Employers' Reference Number for this subsidiary

4 Are there any subsidiary companies to be excluded from this insurance?

Yes  No

If 'yes' please provide full details

Name of first subsidiary company to be excluded

Name of second subsidiary company to be excluded

Name of third subsidiary company to be excluded

**D Data Protection and Declaration**

**The Proposer must read and complete this Section**

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

Please ensure you have read our Privacy Statement, which is provided under separate cover and describes who we are, why we need to collect your information and how we will use it. We will also tell you who we share our information with and how we use it to improve the service we provide to our customers.

**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 authorized 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 correct 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 that the registration number is recorded correctly.

If it is incorrectly shown on the MID you are at risk having your car seized by the Police. You can check that your correct registration number is shown in the MID at [www.askMID.com](http://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.

## **D** Data Protection and Declaration *continued*

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### Choice of Law

Under European Law, you and we may choose which law will apply to this contract. English Law will apply unless both parties agree otherwise. We have supplied this Agreement and other information to you in English and we will continue to communicate with you in English.

### Declaration

I/We declare that:

- a** 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
- b** to the best of my/our knowledge and belief the information given in this form is correct and complete in every detail
- c** 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 thereon.
- d** I/we consent for my appointed broker or agency to discuss my personal information with NIG on my/our behalf.

Signed

Date

Position Held

## **E** Additional Information

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