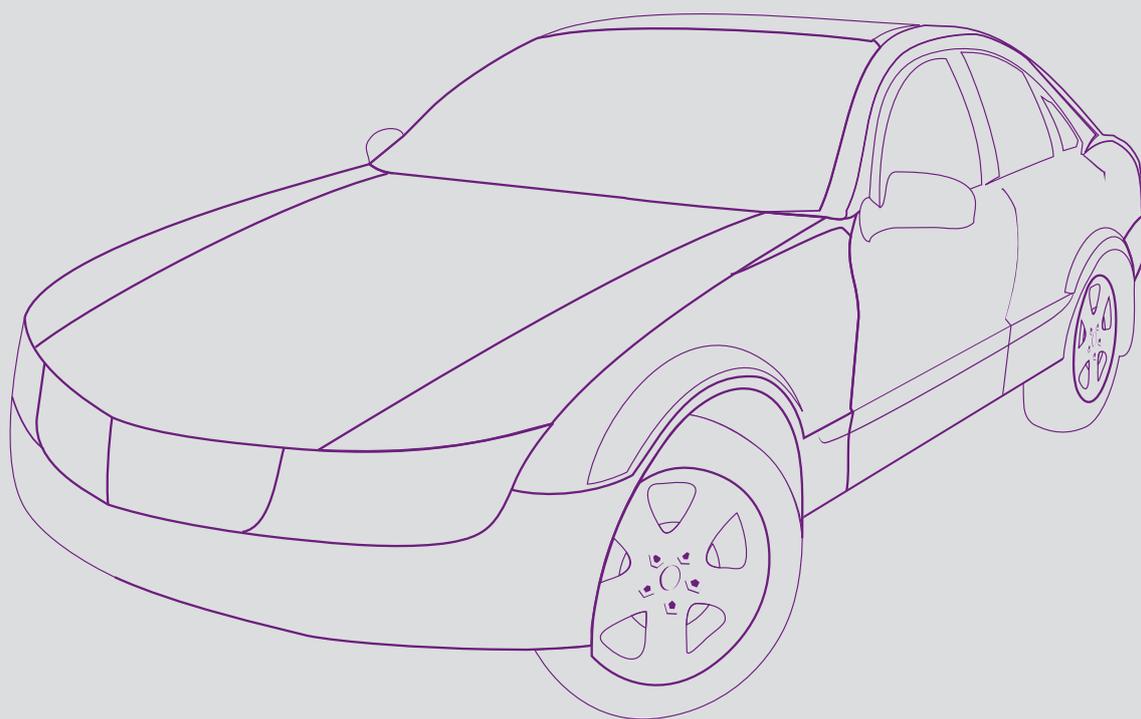


MOTOR TRADE COMBINED PROPOSAL FORM



MOTOR TRADE
COVER WITH
ADDITIONAL PARTS

Motor Trade Combined

A Guide to this Product

This NIG product is specifically designed for companies in the motor trade industry requiring comprehensive insurance cover across a range of locations.

If your business operates from a single location or you only require road risk cover please refer to your insurance intermediary as we have other products more suitable to your needs.

This NIG product has been built in recognition of the demands and needs of motor traders who have movement of stock, plant and employees between different locations and can provide floating items that may be selected at multiple location level.

NOTE: a floating item is an item where a single sum insured provides cover across all locations.

Where insurance companies currently offer floating items a maximum at each address is normally applied which removes much of the initial benefit of having one item in the first place. Applying a maximum at each location can mean:

- a** You have to review your sums insured regularly throughout the period, taking up time that could be spent focusing in your business
- b** You over estimate the maximum so as to ensure that average does not apply
- c** You understate the exposure so as to keep premiums down, accepting the risk of claims not being paid in full

The NIG motor trade combined policy does not apply inner limits on floating items and provides you with the assurance that you do not need to over-insure to remain fully covered.

For our own use in determining our exposure in each post code area across all of our products we do though request that you provide us with an "estimate" of your maximum exposure at each location. The figure you provide will in no way prejudice your rights to a floating sum insured with no location limits applying.

Proposal Make-up

This proposal form seeks to obtain basic information about you in the form of general questions along with underwriting details to meet your insurance needs.

The multiple locations aspect is designed to cover items that we believe could float across your locations. If any items are actually kept at a small number of your locations and you do not need the flexibility of floating items then it may be cheaper to add them at location level.

Location level. This applies to items and covers that we would not expect to fluctuate or move across the locations. For example, as employees may move from location to location then employees hand tools has been made available at multi location level. We would however expect you to have at each location a fixed set of portable hand tools that are checked at close of business each night when stored securely at the location, and the need to float such items is not required.

If you believe that there is a requirement to insure any items in a different format then please feel free to discuss this with your insurance intermediary

C Location Details

Please list all locations to be insured and each Post codes address. (A series of buildings at one site under one post code will be deemed to be one location).

Address	Postcode	Telephone Number	Occupied as (e.g. Bodyshop)

If you have any further locations to be insured, please give details on the Additional Information page

D General Questions

If you answer **yes** to any of the following general questions, please give details on the Additional Information page.

- 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
- 2 Have you been in business for less than 3 years?

Yes No

If **yes**, please provide previous business history on the Additional Information page
- 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 on the Additional Information page.

E About Your Business

If you answer **yes** to any of the following general questions, please give details on the Additional Information page.

Is the business proposed a main dealer or concessionaire for any specific makes of vehicle? Yes No

If **yes**, give name and types of vehicles handled on the Additional Information page

Is the business proposed a member of any motor trade association? Yes No

If **yes**, please provide details on the Additional Information page

Vehicles Handled

Please indicate as a percentage of annual turnover for the business proposed, the vehicles normally handled below:

Motor Cars and Light Goods Vehicles (below 5 Tons)	<input type="text"/> %	Buses Coaches and Minibuses	<input type="text"/> %
Motorcycles	<input type="text"/> %	Mobile Plant or Agricultural Machinery	<input type="text"/> %
Quad Bikes or ATVs	<input type="text"/> %	Vehicles designed for racing	<input type="text"/> %
Commercial Goods Vehicles over 5 Tons	<input type="text"/> %	Any other	<input type="text"/> %

(please detail on the Additional Information page)

Does the business proposed provide any recovery, roadside assistance or delivery for a fee? Yes No

If **yes**, please state the expected Annual Turnover for such work on the Additional Information page

Does the proposed business carry out any other work away from the Location(s) listed hereunder? Yes No

If **yes**, please provide details on the Additional Information page

F Premises at the Locations

1 Are any of the buildings at the Locations to be insured:

- a built other than of brick, stone or concrete or roofed other than with slates, tiles, asphalt, metal, or slabs composed entirely of incombustible mineral ingredients? Yes No
- b not solely occupied by the proposed business? Yes No
- c not fully occupied (i.e. are any vacant, either in whole or in part)? Yes No
- d heated other than by:
 - i low pressure hot water or steam? Yes No
 - ii fixed electric appliances? Yes No
 - iii fixed oil or gas fired space heaters with fuel supply via fixed metal pipes, and an external flue? Yes No

If you have answered **yes**, to any of the questions under 1 above, please provide details on the Additional Information page

2 Is an intruder alarm system installed at the Locations? Yes No

If **yes**, please state:

a Name of alarm company

b Is it maintained by the alarm company stated in a above under contract? Yes No

c Method of signalling (e.g. Redcare, Redcare GSM)

d Has police response ever been withdrawn or the level of response reduced or delayed? Yes No

If **yes**, please give details on the Additional Information page

If an intruder alarm system is installed but the answers to the questions under 2 above do not apply to all of the Locations to be Insured than please give details on the Additional Information page.

F Premises at the Locations *continued*

3 Are the keys and locking devices for vehicles:

a removed from vehicles during Business Hours when vehicles are left unattended and kept in a securely locked place out of sight of the public?

Yes No

b removed from the Location outside of Business Hours or retained within a locked safe or purpose built key cabinet within an alarmed part of the building and the key to such cabinet removed from the Locations?

Yes No

NOTE: 'Business Hours' is the period during which the Location is actually occupied by you and / or any director or partner or employee of the business proposed for the purposes of the business

G Multiple Location Insurance Details

Material Damage All Risks

Please note that this section is compulsory and must be completed in all cases

The Sum Insured amounts declared should represent the maximum exposure across all Locations to be insured, at any one time

Property to be Insured

Sum Insured

1 Stock in trade (not being Motor Vehicles) belonging to you or for which you are responsible

£

NOTE – Retail stocks of cigarettes, tobacco, cigars, vehicle audio / pictorial equipment (inc DVD's CDs and Videos) and clothing can be covered up to a limit of £10,000 in total within the Sum Insured selected. If this is not sufficient, please select the items at Specific Location level

2 Plant, Machinery, Trade Fixtures and Fittings (including all other contents) but excluding Motor Vehicles and all Portable Hand Tools, belonging to you or for which you are responsible

£

NOTE – Directors' partners' visitors' and employees personal effects can be covered (in so far they are not otherwise insured) up to a limit of £1,000 per person

3 Employees Portable Hand Tools (if is not more specifically insured) for which you have accepted responsibility.

£

NOTE – A limit of £2,500 per tool and £10,000 per employee will apply. Please provide details on the Additional Information page if this is not sufficient

4 Customers Goods (not being Motor Vehicles) in your custody or control inc contents of customers vehicles (if not more specifically insured) for which you have accepted responsibility

£

NOTE – Consider this Sum Insured carefully if you handle heavy goods vehicles where a large and valuable load may be left at the premises

5 Goods in Transit (other than Motor Vehicles)

£

NOTE – A limit of £5,000 will be automatically provided for this cover. Please only enter a Sum Insured for this item if a higher amount is required in respect of goods carried on any one vehicle.

6 Motor Vehicles stored at the Locations inside a building outside of Business Hours

£

7 Motor Vehicles stored at the Locations inside a Secure Compound outside of Business Hours

£

8 Motor Vehicles stored at the Locations in the open outside of Business Hours

£

NOTE – 'Business Hours' is the period during which the Location is actually occupied by you and / or any director or partner or Employee of the business proposed for the purposes of the Business.

NOTE – A 'Secure Compound' is an area in the open that is surrounded by buildings or fenced on all sides by brick or palisade fencing to a height of at least two metres, with a sturdy gate secured by a closed shackle padlock outside of Business Hours

NOTE – A seasonal increase of 30% on Motor Vehicles applies for the months of February, March, August and September and if this is sufficient the figure for Motor Vehicles should be the figure before such seasonal increase.

H Business Interruption & Book Debts

Is insurance required?

Yes No

Indemnity period required? (This must be a minimum of 12 months)

 months

Sum Insured

1 Estimated Gross Profit (including Payroll)

NOTE – The Sum Insured declared should represent not less than the gross profit which is anticipated will be earned by the business during the financial year most nearly concurrent with the Period of Insurance (or a proportionately increased multiple thereof where the indemnity period required exceeds twelve months).

2 Maximum Single Loss

NOTE – If selected, Estimated Gross Profit must also be shown above. This cover is available for risks where there is a spread of risk, and back up plans would mean that any disaster at any one Location could be contained. It should only be selected where you have a Disaster Recovery Plan in place, and have sought professional advice as to your maximum possible loss.

The Sum Insured declared should represent not less than the maximum amount of loss of gross profit which it is anticipated would arise during the indemnity period in respect of any on occurrence of damage or series of occurrences of damage arising out of any one original cause

3 Book Debts (based on the maximum outstanding at any one time)

4 Increase in Cost of Working

NOTE – If selected to be insured as a separate item, the Sum Insured declared should represent the estimated additional expenditure reasonably incurred in order to minimise any interruption or interference with the business during the indemnity period

I Wrongful Conversion (Only available if you are a subscriber to HPI Ltd or Experian Ltd)

Is insurance required?

Yes No

1 Please select the maximum indemnity limit required for any one vehicle

£25,000 £50,000 £100,000

2 If payments for used vehicles are made by cheque or where a part exchange is involved is evidence of the transaction clearly recorded?

Yes No

3 Are accurate records kept of all used vehicles purchased or sold?

Yes No

4 Are you a subscriber to HPI Ltd or Experian Ltd?

Yes No

Estimated turnover in respect of used car sales

J Liabilities

Is Insurance required?

Yes No

Estimated Annual Wages, Salaries and all other earnings:

Clerical Secretarial Administrative

Employers Liability

Yes No

Public Liability

Yes No

Mechanics Fitters and Others

Partners & Directors

Employees

Work Away (excluding Heat*)

Heat* Work Away

* Heat meaning the use of Blow Lams or Blow Torches, Welding or Flame Cutting Equipment

Indemnity Limit Required

Employers Liability

£10,000,000

£20,000,000

Public Liability

£5,000,000

£10,000,000

K Defective Workmanship

Is insurance required? Yes No

NOTE – If insurance is required, the amount of the Indemnity Limit selected for Public Liability will also apply for this insurance (subject to certain terms and conditions)

1 Do you specialise in customising, modification or other major alteration work to vehicle engines or other components? Yes No

If yes, give details on the Additional Information page

2 Do you export vehicles or any other goods beyond the European Union? Yes No

If yes, give full details including type of goods (if other than vehicles) and details of where to on the Additional Information page

3 Do you import vehicles or goods from beyond the European Union? Yes No

If yes, give full details including type of goods and/or vehicles and details of where from on the Additional Information page

4 Do you have a written safety policy which is brought to the attention of your employees? Yes No

5 Have you or, to your knowledge, any former owner or occupier of any of the locations to be insured

a ever been prosecuted or sued for any pollution problems? Yes No

b ever had any incidents of pollution or incidents likely to cause pollution? Yes No

c ever carried out any industrial activity which was the subject of an environmental permit or licence? Yes No

If yes to any of the above please provide details on the Additional Information page

Please state annual turnover of the Business £ and show how it is made up:

Used Vehicle Sales	£ <input type="text"/>	Body Repair	£ <input type="text"/>
New Vehicle Sales	£ <input type="text"/>	Other	£ <input type="text"/>
Service and Repair	£ <input type="text"/>	USA/Canada Exports	£ <input type="text"/>

L Personal Accident

Benefits

Benefits are available in units and the value of each unit is as follows:

1 Death	£10,000	5 Loss of Speech	£10,000
2 Loss of Sight	£10,000	6 Permanent Total Disablement	£10,000
3 Loss of a Limb	£10,000	7 Temporary Total Disablement	£100 per week
4 Loss of Hearing	£10,000	8 Temporary Partial Disablement	£40 per week

Indemnity is based upon a multiple of units for each category of Insured Person

Category of Insured Person	Number of Staff	Units Required
Directors principals and partners (24 hour accident cover) (Max 10 available)	<input type="text"/>	<input type="text"/>
All other employees (Occupational Risks – including commuting to/from work) (Max 5 available)	<input type="text"/>	<input type="text"/>

Excess Period

Please chose one of the below being the first period of Temporary Total Disablement or Temporary Partial Disablement for which no benefit is payable:

7 Days 14 Days 21 Days

Is each person to be insured in good health and not suffering from any physical or mental condition, to the best of your knowledge and belief?

Yes No

If no, please provide full details on the Additional Information page

M Fidelity Guarantee

Is insurance required? Yes No

Category of Insured Person

Clerical employees

All other employees

Wageroll

£

£

Limit of Indemnity per Event

Please chose one of the following: £10,000 £25,000 £50,000

Vetting of employees is carried out with previous employers and schools for a period of at least two years Yes No

A system for ensuring dual signing of cheques, and recognition of such signatories at Bank or Building Society is in place Yes No

To the best knowledge of the Insured there has been no inventory losses to suggest theft for financial gain in the last 36 months Yes No

If you answered **yes** to the above please give details on the Additional information page

NOTE – Please see the Terms and Conditions of the Policy and ensure they are adhered to. If they are not, please advise us as to how you operate that falls outside of this procedure.

N Road Risks

Is insurance required? Yes No

1 State cover required: Comprehensive Third Party Fire & Theft Third Party Only

2 State level of excess: Applied by present insurer £ Required (min £250) £

3 The Maximum value for any one Motor Vehicle is £500,000. If this is not sufficient please advise what is required £

Where would this apply?

Drivers

Please state the number of Drivers requiring Business use

Employees requiring Social Domestic and Pleasure use – aged

17 18 19 20

P Non-Employees requiring Social Domestic and Pleasure

Directors Spouse All Other aged 25 or over Aged under 25 (please supply details below)

Full Name	Occupation	Age	Is a Full Licence held?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q Additional Vehicle and Cover Issues

Vehicles

The number of Trade Plates held

Indicate the maximum number of Commercial Goods Vehicles at any one time where the Gross Vehicle Weight (GVW) are:

< 5 Tons 5 Tons to 8.5 Tons 9 Tons to 11.5 Tons
 12 Tons to 16 Tons 16.5 Tons to 25 Tons > 25 Tons

Loan & Hire use (cover is provided as standard in the insurance for Road Risks)

Do you require cover for all vehicles loaned or hired to customers whose vehicles are in your possession for servicing or repair?

Yes No

Please confirm the number of such vehicles at any one time the number of vehicles on loan or hire whereby –

a you require cover under the insurance proposed. No:

b the customer has agreed to accept to insure the loan or hire vehicle and you have checked the adequacy of the Insurance. No:

A £500 excess will apply in respect of loss or damage to such vehicle under the Loan & Hire cover unless the main Road Risks section excess is higher

An excess of £250 is available in return for an increased premium

Please advise if required Yes No

Unaccompanied Demonstration is included

Please state the turnover in respect of your vehicle sales £

Self Drive Hire

Do you require Self Drive Hire cover? If so please advise turnover and number of vehicles for:

Cars £ No:

Vans under 5 Tons GVW £ No:

Minibus £ No:

Other Vehicles (please give details) £ No:

R Vehicle Details

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

i Vehicles used for recovery purposes

Make/Model	Type of Body	G.V.W or CC	Registration No.	Value
				£
				£
				£
				£

ii Goods carrying vehicles used for hire or reward

Make/Model	Type of Body	G.V.W or CC	Registration No.	Value
				£
				£
				£
				£

R Vehicle Details *continued*

iii Transporter capable of carrying more than two vehicles at once

Make/Model	Type of Body	G.V.W or CC	Registration No.	Value
				£
				£
				£
				£

NOTE – Use solely for breakdown purposes or use under a Trade Plate for the carriage of goods for demonstration purposes in accordance with the regulations applicable to trade licences is not deemed to be use for hire or reward.

iv Vehicles for other business use

Make/Model	Type of Body	G.V.W or CC	Registration No.	Value
				£
				£
				£
				£

Cover will only apply in respect of your business as a Motor Trader. If additional business use is required please provide full details of all vehicles involved and the business activities conducted, on the Additional Information page.

S Specific Location Insurance Details

This relates to the Locations specified in the Location Details at the start of this Proposal Form. Please use the appropriate Appendixes so as to ensure Indemnity is available at all Locations

Material Damage All Risks

Sum Insured

The Sum Insured amounts declared below should represent the Maximum exposure for each Location to be insured, at any one time.

Alternately, for an additional premium, Buildings, Rent and Tenants Improvements can be covered on a Day One Basis (non adjustable), providing a 25% uplift.

Do you require this uplift? Yes No

If **yes**, then the amount entered as the Sum Insured for these items below will be deemed to be the Declared Value.

The Declared Value should represent the full replacement cost of the property at the commencement of the Period of Insurance.

Do you require cover for subsidence or ground heave of any part of the site on which the Location(s) stand and landslip? Yes No

If **yes**, then in respect of subsidence or ground heave or landslip, please confirm if:

a the Locations have suffered damage or are showing signs of damage Yes No

b the properties either side of your own have suffered damage or are showing signs of damage Yes No

c to your knowledge the vicinity is susceptible to such damage Yes No

d the Locations are in the immediate vicinity of any river bank, railway embankment or cutting, cliff, quarry, mine or other underground working or made up ground

Yes No

e there any trees or shrubs over 7m(20ft) in height within 10m(30ft) of the Locations Yes No

If you have answered **yes** to any of questions **a** to **e** above then please provide full details on the Additional Information page.

S Specific Location Insurance Details *continued*

Locations 1 – 4

Risk Address

ITEM	Post Code 1	Post Code 2	Post Code 3	Post Code 4
Property and Rent to be Insured	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Buildings – structures at the Location including landlords fixtures and fittings, all fixed glass, sanitary ware and signs, central heating, outbuildings extensions annexes and gangways, forecourts, yards, terraces, drives, footpaths	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rent – the money paid or payable to you for accommodation/ services provided at the Location.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maximum rental period (please state number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tenants Improvements – structural fixtures and fittings your property as occupier of the Location.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Portable Hand Tools your property including hand held electronic vehicle diagnostic equipment (all subject to a maximum value any one tool of £2,500)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cigarettes & Tobacco (retail stock)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DVDs, CDs and videos (retail stock) Vehicle Audio/ Pictorial Equipment (including satellite navigation systems)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clothing (retail stock)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Items (give details below)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Locations 5 – 8

Risk Address

ITEM	Post Code 5	Post Code 6	Post Code 7	Post Code 8
Property and Rent to be Insured	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Buildings – structures at the Location including landlords fixtures and fittings, all fixed glass, sanitary ware and signs, central heating, outbuildings extensions annexes and gangways, forecourts, yards, terraces, drives, footpaths	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rent – the money paid or payable to you for accommodation/ services provided at the Location.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maximum rental period (please state number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tenants Improvements – structural fixtures and fittings your property as occupier of the Location.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Portable Hand Tools your property including hand held electronic vehicle diagnostic equipment (all subject to a maximum value any one tool of £2,500)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cigarettes & Tobacco (retail stock)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DVDs, CDs and videos (retail stock) Vehicle Audio/ Pictorial Equipment (including satellite navigation systems)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clothing (retail stock)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Items (give details below)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

T Material Damage All Risks Items

The sums requested for the Material Damage All Risks items below are for our information purposes only and will not affect any cover provided for the insurance proposed.

Please state an amount per postcode against each item to reflect your anticipated maximum exposure at each Location, at any one time.

The sum of the amounts for each item across all the locations below may therefore result in a higher figure than that proposed under the Multiple Location Insurance Details in this Proposal. This is because the Sum Insured amounts declared there under should represent the Maximum exposure across all Locations to be insured, at any one time.

In other words, it might be that the maximum exposure amounts below will not occur at the same time.

NOTE – For full descriptions of the Items stated below, please see Property to be Insured under the Multiple Location Insurance Details section of this Proposal.

Locations 1 – 4

ITEM	Risk Address			
	Post Code 1	Post Code 2	Post Code 3	Post Code 4
Stock in trade (not being Motor Vehicles)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plant, Machinery, Trade Fixtures and Fittings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employees Portable Hand Tools	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Customers Goods (not being Motor Vehicles)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Goods in Transit (other than Motor Vehicles)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor Vehicles	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Locations 5 – 8

ITEM	Risk Address			
	Post Code 5	Post Code 6	Post Code 7	Post Code 8
Stock in trade (not being Motor Vehicles)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plant, Machinery, Trade Fixtures and Fittings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employees Portable Hand Tools	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Customers Goods (not being Motor Vehicles)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Goods in Transit (other than Motor Vehicles)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor Vehicles	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

U Business Interruption & Book Debts

Sum Insured

Locations 1 – 4

ITEM	Risk Address			
	Post Code 1	Post Code 2	Post Code 3	Post Code 4
Increase in Cost of Working	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE – If selected to be insured as a separate item, at location specific level then the Sum Insured declared should represent the estimated additional expenditure reasonably incurred in order to minimise any interruption or interference with the business during the indemnity period.

NOTE – If selected to be insured as a separate item, the Sum Insured declared should represent the estimated additional expenditure reasonably incurred in order to minimise any interruption or interference with the business during the indemnity period. If this cover is required at location specific level then please see the Specific Location insurance section of this Proposal

U Business Interruption & Book Debts *continued*

Locations 5 – 8

Risk Address

ITEM	Post Code 5	Post Code 6	Post Code 7	Post Code 8
Increase in Cost of Working	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE – If selected to be insured as a separate item, at location specific level then the Sum Insured declared should represent the estimated additional expenditure reasonably incurred in order to minimise any interruption or interference with the business during the indemnity period.

NOTE – If selected to be insured as a separate item, the Sum Insured declared should represent the estimated additional expenditure reasonably incurred in order to minimise any interruption or interference with the business during the indemnity period. If this cover is required at location specific level then please see the Specific Location insurance section of this Proposal

Loss of MOT Licence

Is cover for Loss of MOT Licence required? Yes No

1 Have you or any of your nominated testers received any formal warning letters from the Vehicle Inspectorate concerning suspension or withdrawal, in the past 5 years? Yes No

2 Have you had or are you currently under threat of suspension or withdrawal of your MOT Testing Station licence? Yes No

If you have answered **yes** to 1 or 2 above, please give details on the Additional Information page, for each location.

V Business Interruption & Book Debts Items

The sums requested for the Business Interruption and Book Debts items below are for our information purposes only and will not affect any cover provided for the insurance proposed.

Please state an amount per postcode against each item proposed to reflect your anticipated maximum exposure at each Location.

NOTE – For full descriptions of the Items stated below, please see Business Interruption and Book Debts under the Multiple Location Insurance Details section of this Proposal.

Locations 1 – 4

Risk Address

ITEM	Post Code 1	Post Code 2	Post Code 3	Post Code 4
Estimated Gross Profit (including Payroll)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maximum Single Loss	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Book Debts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Increase in Cost of Working	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Locations 5 – 8

Risk Address

ITEM	Post Code 5	Post Code 6	Post Code 7	Post Code 8
Estimated Gross Profit (including Payroll)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maximum Single Loss	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Book Debts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Increase in Cost of Working	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

W Business Money & Personal Accident (Assault)

Is Insurance Required?

Yes

No

If **yes**, please confirm below which location(s) the cover is to relate and Estimated Annual Carrying for each.

NOTE – The Standard Limit for Money and Non-Negotiable Currency is stated for each Situation below. If these are not sufficient then please state the amount required for each location.

Locations 1 – 4

ITEM	Standard Limit	Amount Required Risk Address			
		Post Code 1	Post Code 2	Post Code 3	Post Code 4
Estimated Annual Carrying	N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In Transit or on Contract Sites	£5,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In Bank Night Safe	£5,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In an enclosed building at the Location during Business Hours	£5,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In a locked safe* in an enclosed building at the Location outside Business Hours	£5,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not in a locked safe or locked till in an enclosed building at the Location outside Business Hours.	£1,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In the custody of fuel sales Employees overnight at the Location i.e. after 8pm until closing or until normal opening the next day (whichever is the earlier)	£1,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In your private dwelling or that of any of your authorised employees	£1,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In any automated teller machine in an enclosed building or externally fitted in a building at the Location (where the filling of such ATM is your responsibility)	£5,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle excise licenses for which you are responsible whilst stored in a locked safe* in an enclosed building at the Location.	£500,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Please provide details of all safes (for each location) including make, model age, serial number, whether anchored and within an alarmed area on the Additional Information page.

NOTE – ‘Business Hours’ is the period during which the Location is actually occupied by you and/or any director or partner or employee of the business proposed for the purposes of the business.

Locations 5 – 8

ITEM	Standard Limit	Amount Required Risk Address			
		Post Code 5	Post Code 6	Post Code 7	Post Code 8
Estimated Annual Carrying	N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In Transit or on Contract Sites	£5,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In Bank Night Safe	£5,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In an enclosed building at the Location during Business Hours	£5,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In a locked safe* in an enclosed building at the Location outside Business Hours	£5,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

W Business Money & Personal Accident (Assault) *continued*

Not in a locked safe or locked till in an enclosed building at the Location outside Business Hours.	£1,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In the custody of fuel sales Employees overnight at the Location i.e. after 8pm until closing or until normal opening the next day (whichever is the earlier)	£1,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In your private dwelling or that of any of your authorised employees	£1,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In any automated teller machine in an enclosed building or externally fitted in a building at the Location (where the filling of such ATM is your responsibility)	£5,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle excise licenses for which you are responsible whilst stored in a locked safe* in an enclosed building at the Location.	£500,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Please provide details of all safes (for each location) including make, model age, serial number, whether anchored and within an alarmed area on the Additional Information page.

NOTE – ‘Business Hours’ is the period during which the Location is actually occupied by you and/or any director or partner or employee of the business proposed for the purposes of the Business.

Where the Maximum Amount of Money in Transit at any one time exceeds £3,000 please answer the following:

- a How often is money banked or collected?
- b Are the journeys to the bank made by:
 - i You and/or your staff? Yes No
 - ii Security Company? Yes No
- c Are the journey times and routes varied? Yes No
- d Where the journeys are made by you how many people accompany the money?
- e Where the journeys are made by a Security Company have they accepted responsibility for the money? Yes No

X Engineering Inspection

Do you require Plant Inspection? Yes No

1 Statutory Plant being:

Boiler/Pressure Plant – thorough examination of all pressure systems, containing a relevant fluid, which require a Written Scheme of Examination under regulations 8 of The Pressure Systems Safety Regulations.

AND

Lifting/Handling Plant – 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.

2 All Other Plant (if applicable) being:

Electrical/Mechanical Plant – visual inspection of motors/compressors contained within qualifying pressure systems under the Boiler/Pressure Plant schedule.

AND

Local Exhaust Ventilation Plant – thorough examination & test of all systems used for the extraction of vehicle exhaust gases, solvent or paint fumes and brake lining dust 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).

X Engineering Inspection *continued*

Please identify which Locations require Inspection by inserting 'Yes' where applicable below and whether option 1 or 2 is required.

Location –	Post Code 1	Post Code 2	Post Code 3	Post Code 4
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Location –	Post Code 5	Post Code 6	Post Code 7	Post Code 8
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Important – If you have more than 8 Locations please obtain an Appendix form from your Insurance intermediary and ensure details of ALL Locations are completed.

Y Claims Information

An Authenticated Claims Experience form will be required to provide a quotation. If there are any incidents that could have given rise to a claim that were not insured please provide details below.

Date	Details
<input type="text"/>	<input type="text"/>

Z 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.

- 2 Do you have a Companies House Registered Office Address? Yes No

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

<input type="text"/>
<input type="text"/>
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

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

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

--

Name of second 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

--

Name of third 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

--

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

--

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

Name of second subsidiary company to be excluded

Name of third subsidiary company to be excluded

AA Data Protection and Declaration

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. 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.

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.

Signature of Proposer(s)

Title

Date

Additional Information

A large, empty rectangular box with a thin black border, intended for providing additional information.

Additional Information

Additional Information

Empty box for additional information.

