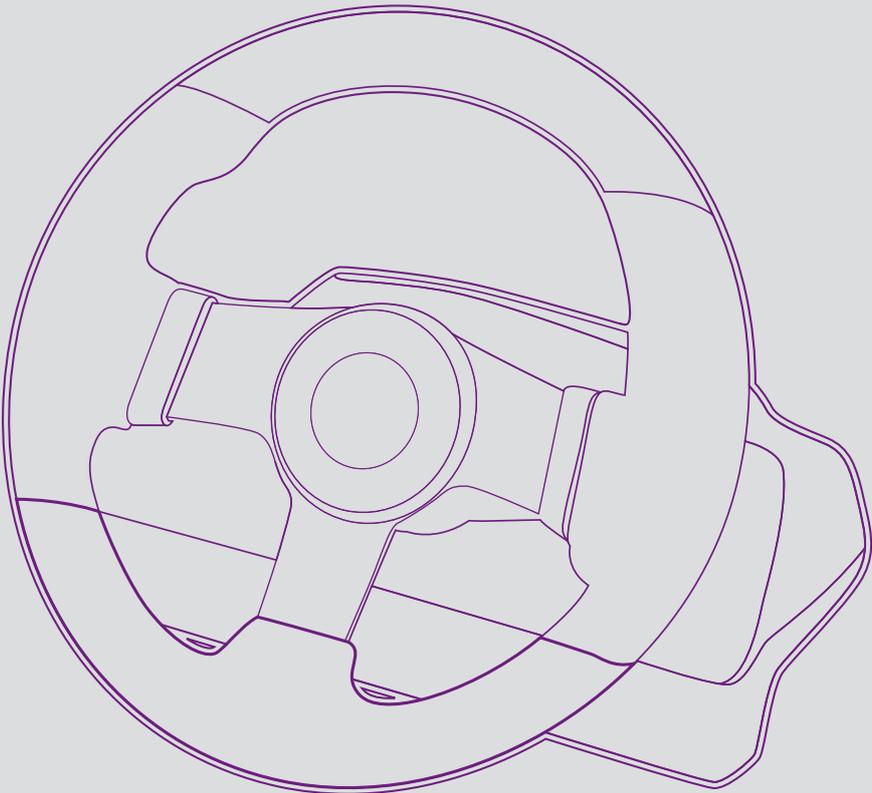


MOTOR TRADE
PROPOSAL FORM



COVER
ENGINEERED FOR
THE MOTOR TRADE

FOR INTERNAL USE ONLY

Agent Name

Agency Code

In completing this form, please tick the appropriate boxes and answer all questions in **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)

PROPOSERS DETAILS

Full Name of Proposer

Trading Name

Company Registration Number

Postal Address

(Postcode must be shown)

Post Code

Company Website Address

www.

Business or Profession

Tel. No

Situation of Property to be Insured (if different from Postal Address, Postcode must be shown)

Post Code

Period of Insurance

Inception Date

 / /

Renewal Date

 / /

GENERAL QUESTIONS

1 How long have you been established at

a These Premises?

b elsewhere?

2 If this is your first venture give details of your experience in the motor trade

3 Are you a main dealer or concessionaire for any specific makes of vehicle?

YES

NO

4 Are you a member of any motor trade association?

YES

NO

If 'yes' please provide details

GENERAL QUESTIONS – continued

5 Indicate the maximum value of any one vehicle which you own or which you could have in your custody or control

£

6 Please state annual turnover of the business and show how this is made up:

£

- | | | | | | |
|---|------------------------|----------------------------|------------------------|---|------------------------|
| a sale of new vehicles | <input type="text"/> % | f Self drive hire | <input type="text"/> % | k Sale of parts and accessories | <input type="text"/> % |
| b Sale of used vehicles | <input type="text"/> % | g Private hire | <input type="text"/> % | l Commodities (sweets, cigarettes etc) | <input type="text"/> % |
| c Petrol sales 24 hrs | <input type="text"/> % | h Body repairs | <input type="text"/> % | m Mechanical repairs and servicing | <input type="text"/> % |
| d Petrol Sales normal business hrs | <input type="text"/> % | i Full spraying | <input type="text"/> % | n Vehicle breaking/dismantling | <input type="text"/> % |
| e Recovery work | <input type="text"/> % | j Touch up spraying | <input type="text"/> % | o All other work | <input type="text"/> % |

Give details of all other work

7 Do you regularly handle

- | | | |
|--|------------------------------|-----------------------------|
| a sports and high performance cars? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b vehicles with a value exceeding £ 20,000? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c public service vehicles? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d commercial vehicles exceeding 5 tons? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e veteran or vintage vehicles? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| f agricultural vehicles or contractors plant? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| g motor cycles? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| h specialist vehicles other than the above? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If 'yes' to any of the above please give details

8 Do you keep Stock and Sale books and other records of the business?

YES NO

If 'yes' are they kept in a fireproof safe or cabinet?

YES NO

If 'no' where are they kept?

9 Are your books regularly audited?

YES NO

If 'yes' please give name and address of your auditors

10 Do you or any of the directors or partners engage in any other business or occupation?

YES NO

If 'yes' please give details

GENERAL QUESTIONS – continued

11 Either personally or in any business capacity, have you or any director or partner in the business proposed ever been

- a** convicted of or charged (but not yet tried) with
- i** a breach of any health and safety legislation? YES NO
- ii** any other criminal offence other than a motoring offence? YES NO
- b** declared bankrupt or the subject of bankruptcy proceedings? YES NO
- c** the subject of a County Court Judgement (or Scottish equivalent)? YES NO
- d** a director or partner in any business which has been the subject of an individual voluntary arrangement with creditors, voluntary liquidation, a winding up or administrative order or administrative receivership proceeding? YES NO

If 'yes' please give details

12 In respect of the covers proposed, 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 been insured? YES NO
- b** ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required or special conditions imposed by an insurer? YES NO

If 'yes' please provide full details

PART A – 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 How many trade plates do you hold? Registration Details

4 Indicate the maximum number of vehicles at any one time which are

- a** held for sale but not licensed for road use
- b** held for sale which are licensed for road use
- c** held for repair or testing
- d** parked on the road in the vicinity of the garage during working hours
- e** parked on the road in the vicinity of the garage overnight

5 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.	Reg. No.	Value

PART A – ROAD RISKS – continued

8 Non employees requiring pleasure use

Full Name	Age	Occupation	Registration No(s). of vehicles to	Is a full licence held

9 Do you employ casual drivers? YES NO

If 'yes' please give numbers and frequency

10 Will any vehicle be driven by any person who

- a** 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
- b** has been convicted of any motoring offence during the past 5 years or has any prosecution pending? YES NO
- c** been disqualified from driving in the last 10 years? YES NO

If 'yes' to any of the above give details

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

If 'yes' provide names addresses and occupation of subcontractors used

Name	Address	Occupation

12 Is cover required for damage to windscreens/windows? YES NO

13 Is cover required for driving by prospective purchasers whilst accompanied by the Policyholder or a person in the Policyholder's employ? YES NO

14 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

15 Are you entitled to a no claims bonus earned on a motor trade road risks policy? YES NO

If 'yes' state number of years

Do you currently hold or have you held during the last three years insurance in respect of

- a** self drive hire YES NO
- b** private hire YES NO
- c** private car YES NO
- d** other motor vehicles YES NO

If 'yes' to any part give details of Insurer, type of policy, policy number and expiry date

IF YOU HAVE ANY ADDITIONAL INFORMATION PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

PART B – INTERNAL RISKS

SECTION 1: ALL RISKS

Is Insurance Required?

YES NO

1 Property to be Insured

Sum to be Insured

Item 1	The Buildings of the Premises (including landlords fixtures and fittings, outbuildings walls gates and fences, and Glass in the structure)	£	
Item 2	Tenants Improvements/Decorations for which you are responsible	£	
Item 3	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 including any glass within Tenants Improvements?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Item 4	Stock and materials in Trade belonging to you or for which you are responsible	£	
	NOTE – Stocks of cigarettes, tobacco, cigars, video tapes, vehicle audio equipment clothing and tyres are covered up to a limit of £2,500 in all within the Sum Insured selected. If this is not sufficient, please complete the following		
	a stock of cigarettes, tobacco and cigars	£	
	b stock of video tapes	£	
	c stock of vehicle audio equipment including cassettes and Compact Discs	£	
	d stock of clothing	£	
	e Tyres	£	
Item 5	Plant, Machinery, Trade Fixtures, Fittings and All Other contents except Property insured by Items 6 to 10 (remember to include items you wish to be inspected).	£	
Item 6	Portable hand tools belonging to the proposer and/or employees and for which the proposer has accepted responsibility (maximum value any one tool £750)	£	
Item 7	Electronic business machines, Computers and Software but not vehicle diagnostic equipment	£	
Item 8	Proposers vehicles the property of or leased in by you or held by you on consignment	£	
Item 9	Customers vehicles in your custody or control	*	£
Item 10	Customers Goods in your custody or control	**	£

* careful consideration should be given to arrive at this figure bearing in mind the maximum number of customers vehicles that can be held at the Premises at any one time

** Consider this figure carefully if you handle heavy goods vehicles where a large and valuable load may be left at the premises

2 Are the Premises to be Insured

a	built entirely of brick, stone or concrete and roofed with slates, tiles or concrete?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b	low pressure hot water apparatus, or fixed mains gas or fixed electric appliances?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c	in a good state of repair with all machinery properly fenced or guarded and in good order?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d	solely occupied by you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have answered 'no' to any of the above, please provide full details

e	Are the premises specially exposed to damage by storm?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
f	Are the premises to be insured in an area susceptible to flooding?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If 'yes' please provide details of any known improvements made/planned by the Environment Agency

PART B – INTERNAL RISKS – continued

SECTION 1: ALL RISKS – continued

3 Is an Intruder Alarm System installed in your Premises? YES NO

If 'yes' please state

a Name of Alarm Company

b Is it maintained by the Alarm Company under contract? YES NO

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

d Has police response been withdrawn or the level of response reduced or delayed? YES NO

If 'yes' please give details

4 What are your normal hours of trading including petrol sales?

5 Do you leave vehicles in the open at the Premises after business hours? YES NO

If 'yes' please state

a What precautions are taken to minimise the risk of theft and/or malicious damage?

b The approximate value of vehicles in the open (excluding compounds) £

6 Do you require cover for subsidence, ground heave and landslip on the Building? YES NO

If 'yes' please state whether

a the Premises have suffered or are showing any signs of damage from these perils YES NO

b the properties either side of your own have suffered or are now showing signs of this damage YES NO

c to your knowledge the vicinity is susceptible to this damage YES NO

d the Premises 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 are there any trees or shrubs over 7m(20ft) in height within 10m(30ft) of the Premises YES NO

SECTION 2: BUSINESS INTERRUPTION

Is Insurance required? YES NO

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

Sum to be Insured

2 Annual Gross Profit (Including Payroll) £

3 Gross Profit (including payroll) where the Indemnity Period exceeds 12 months £

4 Outstanding debit balance (based on the maximum outstanding at any one time) £

5 State type of records kept of Outstanding Debit Balances eg Computer or manual records

6 If duplicate records are kept, state where they are kept

SECTION 2: BUSINESS INTERRUPTION – continued

- 7** Do you require cover for loss of MOT licence? YES NO
- If 'yes' state (for each premises)
- a** Vehicle Testing Station number
- b** Annual MOT test fee income £
- c** The number of MOT bays you operate at the premises
- d** The number of years you have been conducting MOT tests
- e** Whether you or any of your nominated testers have received any warnings in the past 5 years (if yes please supply details) YES NO
- f** Whether you have had or are currently under threat of suspension or withdrawal of your MOT Testing Station licence (if yes please supply details) YES NO

SECTION 3: GOODS IN TRANSIT

Is Insurance Required? YES NO

NOTE: the first £ 2,000 of the sum insured for item 1 will be given FREE OF CHARGE

- 1** Stock in trade and other goods (excluding Motor Vehicles) being vehicle components, parts, accessories, tools and the like – in any vehicle belonging to the proposer £
- 2** Motor Vehicles carried on a vehicle and/or trailer designed for the purpose £
- 3** State
- a** Maximum number of vehicles regularly used for transporting stock/equipment
- b** Maximum number of vehicles regularly used for transporting vehicles
- 4 a** Do you operate a recovery service? YES NO
- b** Do you engage in delivery or collection of new or second hand vehicles by transporter? YES NO
- If 'yes' to either state maximum number of vehicles which can be conveyed on the vehicle carriers at any one time
- 5** Do you leave any vehicles loaded overnight in the open? YES NO
- If 'yes' give details of any special vehicle immobilisers, anti theft devices, vehicle alarms or tracker devices fitted (if there are none answer 'none')

6 Do you engage in transits outside the United Kingdom? YES NO

If 'yes' state details and countries regularly visited

SECTION 4: LOSS OF MONEY

Is Insurance required?

YES NO

If yes please state the Maximum Amount

	Standard Limit	Amount Required (if applicable)
1 a in transit and/or in a Bank Night Safe	£2,500	£ <input type="text"/>
b on the Premises during business hours	£2,500	£ <input type="text"/>
c on the Premises after business hours		
i in a locked safe	£500	£ <input type="text"/>
ii not in a locked safe	£500	£ <input type="text"/>

Please give the following information about safes:

Make & Model

Age (years)

Whether anchored to the floor

YES NO

d with fuel sales staff during 'night time' ie after 8pm throughout the night until normal opening the following day ie their ACTUAL custody and not cash which has been deposited down the chute of a floor safe	£500	£ <input type="text"/>
e In Private Dwelling of Proposer or authorised director/partner/employee	£500	£ <input type="text"/>
2 Estimated Annual Amount of Money in Transit (excluding crossed cheques and other non-negotiable currency)		£ <input type="text"/>

3 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? (at least two persons will be required)

e Where the journeys are made by a Security Company have they accepted responsibility for the money? YES NO

SECTION 5: WRONGFUL CONVERSION

(Only available if you are a subscriber to HP Information Ltd)

Is insurance required?

YES NO

1 State maximum indemnity required in any one year (minimum £ 5,000 maximum £ 25,000)		£ <input type="text"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
3 Are accurate records kept of all used vehicles purchased or sold?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4 Are you a subscriber to HP Information Ltd?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION 6: PERSONAL ACCIDENT following ASSAULT

Is insurance required?

YES NO

SECTION 7 & 8: EMPLOYERS & PUBLIC LIABILITY

Is insurance required?	Employers Liability Section 7	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Public Liability Section 8	YES <input type="checkbox"/>	NO <input type="checkbox"/>

1 Is all of your plant which is subject to Statutory Regulations regularly inspected by qualified engineers as required by the legislation? YES NO

2 a Do you comply with the requirements of the Factories Act, the Health and Safety at Work Act, and the Control of Substances Hazardous to Health Regulations (and any special regulations thereunder) or any similar legislation? YES NO

b Have you or any of your Directors, Partners or Employees ever been:

i prosecuted under any of these Acts or Regulations? YES NO

ii served with a Prohibition Notice under the Health and Safety at Work Act? YES NO

If 'yes' give details

3 Do you have a written safety policy which is brought to the attention of your Employees? YES NO

4 Do you store liquid or gases in bulk? YES NO

If 'yes' give full details

5 Indicate the nature of the surrounding neighbourhood of the Premises (in the range of less than 1KM)

- | | |
|--|---|
| <input type="checkbox"/> Industrial Area | <input type="checkbox"/> Public Services (hospital/schools etc) |
| <input type="checkbox"/> Light Industrial Area | <input type="checkbox"/> Surface Water (River, Stream etc) |
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Residential Area |
| <input type="checkbox"/> Forest | <input type="checkbox"/> Other (Please specify) |

6 Have you or, to your knowledge, any former owner or occupier of the Premises

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 in any industrial activity which was the subject of an environmental permit or licence? YES NO

If 'yes' give full details

7 Estimated Annual Wages, Salaries and all other earnings

Type of Work	Number of Persons	Partners & Directors	Employees (including Self employed or labour only sub-contractors)
a Clerical Secretarial Administrative	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
b Pump Attendants and Cashiers	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
c Mechanics Fitters and Others	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

NOTE : A minimum of £ 15,000 per partner or director and £ 10,000 per employee must be applied

8 Under Employers Liability do you wish to insure Injuries to Working Partners? YES NO

SECTION 9: DEFECTIVE WORKMANSHIP

Is Insurance Required?

YES NO

1 What approximately is the maximum number of vehicles in the process of servicing or repair at any one time?

2 Do you specialise in customising, modification or other major alteration work to vehicle engines or other components?

YES NO

If 'yes' give details

3 Do you export vehicles or any other goods?

YES NO

If 'yes' give full details including type of goods (if other than vehicles) and details of where to/from

4 Do you import vehicles or goods?

YES NO

If 'yes' give full details including type of goods and/or vehicles and details of where from/to

SECTION 10: ENGINEERING INSPECTION

1 Do you require Plant Inspection?

YES NO

If 'yes' do you require cover for:

a 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.

b 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 and 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 answer 'none'

Date & Year	Driver's Name and Age	Circumstances	Amount Paid and 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 had an interest, in the last three years (whether the incident was insured or not) If none answer 'none'.

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

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)

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

EMPLOYERS' LIABILITY TRACING OFFICE (ELTO) – continued

Name of second subsidiary company to be included

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

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

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

Name of second subsidiary company to be excluded

Name of third subsidiary company to be excluded

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.

Proposer's Signature

Status

Date

ADDITIONAL INFORMATION

A large, empty rectangular box with a thin black border, intended for providing additional information. The box is centered on the page and occupies most of the vertical space below the header.

ADDITIONAL INFORMATION

You may use this space to provide any additional information you feel might be useful.

FOR INTERNAL USE ONLY

Proposal Checked by

Date

