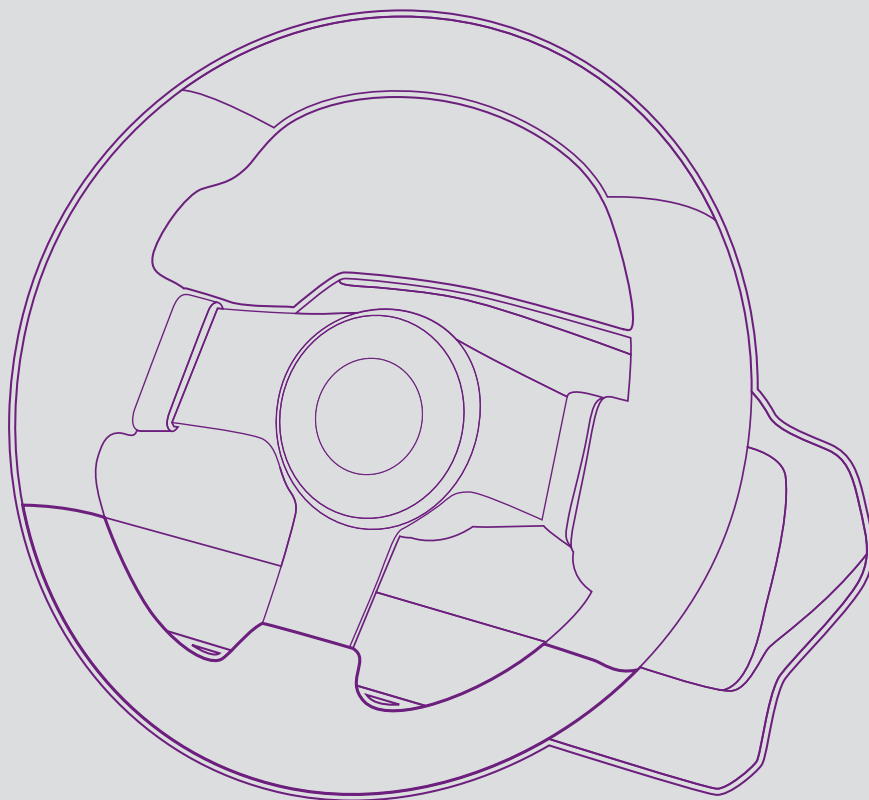


MOTOR TRADE PROPOSAL FORM



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 of 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

☐

If 'yes' give name and types of vehicles handled

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

- ii Goods carrying vehicles used for hire or reward

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

- iii Vehicles for loan or hire to customers whose vehicles are in your custody for repair or servicing

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

iv Vehicles used for other business use

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

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

Make	Model	Type	GVW or CC	Purpose/Use	Reg. No.	Value

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

Make	Model	Type	GVW or CC	Purpose/Use	Reg. No.	Value	Insurer

7 Provide details of all persons who will drive for business purposes including Principal/Partners.Directors/Employees state if part time and if so any other occupations held

[illegible]

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 ☐ c private car YES ☐ NO ☐

b private hire 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)	<input type="text" value="£"/>
Item 2	Tenants Improvements/Decorations for which you are responsible	<input type="text" value="£"/>
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	<input type="text" value="£"/>
	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	<input type="text" value="£"/>
b	stock of video tapes	<input type="text" value="£"/>
c	stock of vehicle audio equipment including cassettes and Compact Discs	<input type="text" value="£"/>
d	stock of clothing	<input type="text" value="£"/>
e	Tyres	<input type="text" value="£"/>
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).	<input type="text" value="£"/>
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)	<input type="text" value="£"/>
Item 7	Electronic business machines, Computers and Software but not vehicle diagnostic equipment	<input type="text" value="£"/>
Item 8	Proposers vehicles the property of or leased in by you or held by you on consignment	<input type="text" value="£"/>
Item 9	Customers vehicles in your custody or control	* <input type="text" value="£"/>
Item 10	Customers Goods in your custody or control	** <input type="text" value="£"/>

* 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) £
- 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 HP Information Ltd? YES ☐ NO ☐

SECTION 6: PERSONAL ACCIDENT following ASSAULT

Is insurance required?

YES ☐ NO ☐

SECTION 7 & 8: EMPLOYERS & PUBLIC LIABILITY

Is insurance required?	Employers Liability Section 7 Public Liability Section 8	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		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			
b Pump Attendants and Cashiers			
c Mechanics Fitters and Others			

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)

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

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.

This notice describes who we are, why we need to collect your information and how we will use it.

We will tell you who we share your information with and how we use it to improve the service we provide to our customers.

Privacy Statement

Why we need your information

We need your information and that of others you name on the policy to give you quotations, and manage your insurance policy, including underwriting and claims handling.

Your information comprises of all the details we hold about you and your transactions and includes information we obtain about you from third parties.

We will only collect the information we need so that we can provide you with the service you expect from us.

From time to time we may need to change the way we use your information. Where we believe you may not reasonably expect such a change we will write to you. When we do so, you will have 60 days to object to the change but if we do not hear from you within that time you consent to that change.

DATA PROTECTION AND DECLARATION - continued

Who we will share your information with

NIG insurance policies are underwritten by U K Insurance Limited (UKI).

During the course of our dealings with you we may need to disclose some of your information to other insurers, third party underwriters, reinsurers, credit reference and fraud prevention and law prevention agencies and other companies that provide service to us or you, to:

- assess financial and insurance risks
- recover debt
- prevent and detect crime
- develop our products, services, systems and relationships with you
- understand our customers' requirements
- rate and price.

We do not disclose your information to anyone outside UKI except:

- where we have your permission; or
- where we are required or permitted to do so by law; or
- to other companies who provide a service to us or you; or
- where we may transfer rights and obligations under this agreement.

Where we transfer your information

From time to time we may require services from suppliers that are based worldwide and your information will be shared with them for the purposes of providing that service. Where we engage these suppliers we make sure that they apply the same levels of protection, security and confidentiality we apply. However, such information may be accessed by law enforcement agencies and other authorities to prevent and detect crime and comply with legal obligations.

Employers' Liability Tracing Office (ELTO)

We are also required to supply employers' liability insurance policy details to the Employers' Liability Tracing Office (ELTO). These details will be added onto the Employers' Liability Database (ELD), which will be managed by ELTO. This database will be accessible by any claimants and will assist claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK, to find the insurer that was providing employers' liability cover during their relevant period of employment and also to find the relevant employers' liability insurance policies.

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.

Brokers or Agencies

We will discuss your information with your broker or agency and provide them with information about your policy and dealings with us to enable them to manage your relationship.

Sensitive Information

Some of the personal information we ask you for may be sensitive personal information, as defined by the Data Protection Act 1998 (such as information about health or criminal convictions). We may also ask you to provide sensitive information about other people, please ensure that you have their agreement before providing information to us. We will not use such sensitive personal data about you or others except for the specific purpose for which you provide it and to provide the services described in your policy documents.

DATA PROTECTION AND DECLARATION - continued

Dealing with other people

It is our policy to deal with your spouse or partner who calls us on your behalf, provided they are named on the policy. If you would like someone else to deal with your policy on your behalf on a regular basis please let us know. In some exceptional cases we may also deal with other people who call on your behalf, with your consent. If at any time you would prefer us to deal only with you, please let us know.

Credit Reference Agencies

UKI carries out a consumer search when any application for insurance is submitted. This is done using public data to evaluate insurance risks and no financial information is reviewed as part of this process. There is no visible credit footprint and after 12 months is automatically deleted.

Access to your information

You have the right to see the information we hold about you. If you would like a copy of your information, please write to The Data Protection Officer, Churchill Court, Westmoreland Road, Bromley BR1 1DP quoting your reference and ask for a Subject Access Request Form. A fee may be payable

Fraud prevention and detection

Please take time to read the following as it contains important information relating to the details you have given or should give to us. You should show this notice to anyone whose data has been supplied to us in connection with your policy.

To prevent and detect fraud we may at any time:

Share information with other organisations and public bodies including the police although we only do so in compliance with the Data Protection Act 1998

Check and/or file details with fraud prevention agencies and databases and if we are given false or inaccurate information and we identify fraud, we will record this. We and other organisations may also use and search these agencies and databases from the UK and other countries to:

- help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
- trace debtors or beneficiaries, recover debt, prevent fraud, and to manage your accounts or insurance policies; or
- check your identity to prevent money laundering, unless you provide us with other satisfactory proof of identity

Law enforcement agencies may access and use this information.

We and other organisations may also access and use this information to prevent fraud and money laundering, for example when:

- Checking applications for, and managing credit and other facilities and recovering debt;
- Checking insurance proposals and claims;
- Checking details of job applicants and employees.

We, and other organisations that may access and use information recorded by fraud prevention agencies, may do so from other countries.

We can provide the names and addresses of the agencies we use if you would like a copy of your information held by them. Please contact us at, UKI, Churchill Court, Westmoreland Road, Bromley, BR1 1DP, quoting your reference. The agencies may charge a fee.

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 to the information given in this form, any information the Company may obtain from Fraud prevention agencies or information received with any subsequent claim I/We may make being used in the manner set out in the Privacy Statement above.
- e** 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

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

FOR INTERNAL USE ONLY

Proposal Checked by

Date

