

MOTOR TRADE SMALL BUSINESS E-ENQUIRY FORM – OPTIONAL COVERS



Please note there is a comments page at the end of the form for any additional information

COVER REQUIRED

Please specify covers required

Asset Protection

- ☐ Computer
- ☐ Electronic Equipment
- ☐ Employee Dishonesty

Legal Liabilities

- ☐ Commercial Legal Protection

Employee Benefits

- ☐ Personal Accident
- ☐ Business Travel

ASSET PROTECTION

COMPUTER

Please ensure you have completed the security precautions questions under the All Risks section.

Computer Equipment

	Sum Insured
Computer equipment including ancillary equipment	£ <input type="text"/>
Software and programs including cost of replacement licences or dongles	£ <input type="text"/>
Portable equipment (e.g. laptops)	£ <input type="text"/>
If your equipment is not subject to a maintenance agreement, do you require cover for breakdown?	<input type="text" value="Yes/No"/>
If your equipment is of standard design and manufacture? If 'no', please supply details.	<input type="text" value="Yes/No"/>
<input type="text"/>	

Increased Cost of Working

Do you require cover for increased cost of working?	<input type="text" value="Yes/No"/>
If 'yes', please confirm the sum insured you require	<input type="text"/>
Please confirm your required indemnity period if less than 12 months	<input type="text"/>

Reinstatement of Data

Do you require cover for reinstatement of data?	<input type="text" value="Yes/No"/>
If 'yes', please confirm the sum insured you require	<input type="text"/>
Please give specific details of additional security measures in place to protect your computer equipment such as entrapment devices or security cabling	
<input type="text"/>	

Electronic Equipment

Owned equipment	Sum Insured
Recording, production and broadcasting equipment	£ <input type="text"/>
Medical equipment	£ <input type="text"/>
Office equipment	£ <input type="text"/>
Manufacturing control or monitoring equipment	£ <input type="text"/>
Software and programs including cost of replacement licences or dongles	£ <input type="text"/>
Data storage materials	£ <input type="text"/>

Any other equipment – please supply details:

£

Equipment used away from the premises – please supply details:

£

Territorial limit required for equipment used away from the premises:

UK ☐ Europe ☐ Worldwide ☐

Is your equipment of standard design and manufacture?

If 'no', please supply details.

Do you require cover for breakdown?

If 'yes', is the equipment subject to a full maintenance agreement? (that is a contract providing on call remedial or corrective maintenance, which includes the cost of parts and labour)

Hired In equipment

Limit of indemnity required

£

Recording, production and broadcasting equipment

Medical equipment

Office equipment

Manufacturing control or monitoring equipment

Software and programs including cost of replacement licences or dongles

Data storage materials

Any other equipment – please supply details:

Estimated Annual
Hiring Charges

£

£

£

£

£

£

£

Equipment used away from the premises – please supply details:

£

Territorial limit required for equipment used away from the premises:

UK ☐ Europe ☐ Worldwide ☐

Is your equipment of standard design and manufacture?

Yes/No

If 'no', please supply details.

Do you require cover for equipment hired out?

Yes/No

If 'yes', please advise estimated hiring out charges and detail types of equipment

£

If 'yes', will hires be under written conditions which make the hirer responsible?

Yes/No

If 'no', please provide details including a copy of any conditions used

Please give specific details of additional security measures in place to protect your electronic equipment
a) at the premises:

b) for any equipment used away from the premises:

Increased Cost of Working

Do you require cover for increased cost of working?

Yes/No

If 'yes', please confirm the sum insured you require

£

Please confirm your required indemnity period if less than 12 months

Reinstatement of Data

Do you require cover for reinstatement of data?

Yes/No

If 'yes', please confirm the sum insured you require

£

EMPLOYEE DISHONESTY

Wage-roll and Turnover

Wage-roll	Actual for past 12 months	£	<input type="text"/>
Turnover / income	Estimated for next 12 months	£	<input type="text"/>

Limit of Indemnity

What limit of indemnity do you require? (Maximum £5,000,000) £

Excess

What excess do you require? £
(we suggest an excess in the region of 1% of limit of indemnity)

Employees

Employee includes members of your staff, trainees and apprentices, staff hired in from an agency, former employees who have retired from you and now work exclusively for you as consultants, former employees for 30 days following their leaving.

Are any of your employees based overseas?

If 'yes', are any of the overseas employees to be included in this cover?

If 'yes', please give details including the locations, wage-roll and turnover for each operation.

Are any of your employees unpaid voluntary workers?

If 'yes', please give details including numbers and the duties undertaken.

Sole Signing of Cheques

The controls impose a limit of £5,000 in respect of the sole signing of cheques, or similar instruments by employees (principals, who are not also employees, may sign to higher limits).

Do you need an increased limit in respect of sole signing of cheques?

If 'yes', please give details including the limit required.

Stock Checks

Do you have any "target" stocks?

Yes/No

If 'yes', please give details including the proportion to overall stock levels.
(If you are in any doubt as to whether a line of stock is target please give details)

Cover Extension – Computer and Funds Transfer Frauds by Third Parties

Do you require cover for computer and funds transfer frauds by third parties?
(Minimum excess £5,000)

Yes/No

Cover Extension – Cheque Fraud by Third Parties

Do you require cover for cheque fraud by third parties? (Minimum excess £5,000)

Yes/No

Cover Extension – Interlocking Clause

We cover claims that occur (as opposed to claims discovered) during the entire period of cover.

We can extend cover under your new policy to include claims that occurred during the previous insurance once its discovery period has expired, provided that

- cover has remained in force without any break
- you have complied with the terms and conditions of the cover applicable, including any reference requirements and any checks and controls.

If the discovery period under your previous cover is 24 months, we do not normally charge for this extension.

Do you require the interlocking clause to apply?

Yes/No

If 'yes', please complete details of previous insurers below.

Insurer	Policy Number	Start Date	End Date	Discovery Period

COMMERCIAL LEGAL PROTECTION

Standard cover includes employment disputes, compensation awards, service occupancy, legal defence, property protection, bodily injury, full or aspect enquiries, employer's compliance and VAT disputes.

Standard cover only ☐

Optional extensions (please tick)

Contract disputes cover ☐ Tenancy disputes cover ☐

Statutory licence protection ☐ Debt recovery ☐

Limit of indemnity

Total estimate wages and payments made to employees £

Is work undertaken away from the premises?

If 'yes', please give details

Total estimated annual turnover £

Has there been any legal dispute, action, prosecution, Customs and Excise or Inland Revenue (now known as HM Revenue & Customs) investigations during the last five years?

If 'yes', please give details.

Are any redundancies envisaged in your business in the next 12 months?

If 'yes', please give details.

Have you been taken over, merged with or taken over any other company, or plan to do so with another company within the next 12 months?

If 'yes', please give details.

Additional Information

EMPLOYEE BENEFITS

PERSONAL ACCIDENT

Available only to persons between the ages of 16 and 80 years, in good health bodily and mentally, and free from physical defect or infirmity.

Complete (1) or (2) or both to suit your requirements.

(1) Proprietors, partners or named employees

Full names of persons to be insured Date of birth (i.e. administrative, supervisory or working)

If you require an increased scale of compensation please state percentage required (maximum 500%)

%

(2) Unnamed employees

Is cover to be restricted to accidents of occupation only?

Yes/No

Description of employees

Maximum
Number

Estimated Annual
Wages, Salaries and
Other Earnings

Clerical staff, vehicle salesmen and managerial employees who do not engage in manual labour
Woodworking machinists
Supervisory and occasional manual work
Manual work

	£
	£
	£
	£

Contingencies

1. Death
2. Loss of hearing
3. Loss of limb
4. Permanent total disablement
5. Temporary total disablement
6. Temporary partial disablement

£
£
£
£
£
£

ANNUAL BUSINESS TRAVEL

Please note that this section will not provide cover if a person is travelling against the advice of a medical practitioner.

Please confirm the number of days travel to each of the following areas for the period of insurance

United Kingdom

Europe

United States of America and Canada

Rest of the World

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

Do you have any business trips planned to a disturbed area?

Yes/No

(A disturbed area is that defined by the Home Office deemed unsafe to travel to)

If 'yes', please specify destination

<input type="text"/>

Will any of your business trips involve manual work?

Yes/No

If 'yes', please specify details

<input type="text"/>

ADDITIONAL INFORMATION

Please use this page for any additional information



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