

Motor Trade Factfinder

Important: The information you give on this form is relevant to our assessment of the insurance risk

- (i) At new business quotation stage or
- (ii) on renewal

Failure to provide complete and accurate answers may entitle us to vary or avoid any insurance cover subsequently issued

If you need to provide further information to answer any of these questions, please use the 'Additional Information' pages at the end of this document.

Policyholder Name

Correspondence Address

Business Description

Current Insurer

Renewal Date

Number of years in business

Renewal Premium

£

Have you suffered any claims or losses in the past 5 years?

If Yes, please provide details on the 'Additional Information' pages

Yes/No

Core Covers required

Property Damage	<input type="checkbox"/> Yes/No	Business Interruption	<input type="checkbox"/> Yes/No	Liabilities	<input type="checkbox"/> Yes/No
Engineering Inspection	<input type="checkbox"/> Yes/No	Road Risks	<input type="checkbox"/> Yes/No	Computer	<input type="checkbox"/> Yes/No

Additional covers available (If any of these covers are required please provide details below. Further space is available on the Additional Information pages at the end of the document).

Money and Assault	<input type="checkbox"/> Yes/No	Legal Expenses	<input type="checkbox"/> Yes/No
Business All Risks	<input type="checkbox"/> Yes/No	Frozen Food	<input type="checkbox"/> Yes/No
Goods In Transit	<input type="checkbox"/> Yes/No	Management Liability	<input type="checkbox"/> Yes/No
Commercial Crime	<input type="checkbox"/> Yes/No	Group Personal Accident	<input type="checkbox"/> Yes/No
Business Travel	<input type="checkbox"/> Yes/No	Cyber	<input type="checkbox"/> Yes/No

Property Damage

(If you have more than one location, please supply information per location)

Trading Address and Postcode

Construction Heating and Occupation

Are the buildings of standard construction (walls constructed of brick, stone or concrete and roofed with slates, tiles, concrete metal or asbestos)?

 Yes/No

Are the premises heated by low pressure hot water or steam, oil fired space heaters fed from an external fuel tank, or fixed overhead gas or electrical appliances?

 Yes/No

Are any additional portable heating appliances used?

 Yes/No

Are the buildings in a good state of repair?

 Yes/No

If you have answered 'No' to any of the questions above, please supply more information below

General

Is any part of the premises partly unused/unfurnished/unoccupied or sub-let?

 Yes/No

If 'Yes', please supply more information below

Asset Type

Sum Insured

Buildings

 £

Tenants Improvements, alterations and decorations

 £

Machinery, Plant and All Other Contents

 £

Computers

 £

Stock and Materials in Trade (excluding tyres)

 £

Stock of Tyres

 £

Vehicles belonging to you, leased in or held by you on consignment

 £

Customers' vehicles in your custody or control

 £

Contents of customers' vehicles

 £

Portable hand tools and tool boxes/cabinets (excluding employee owned tools)

 £

Director or employee owned tools

 £

Other, please specify below

Property Damage continued

Additional Covers

Is cover required for Glass and Fixed Sanitaryware?

 Yes/No

Is Subsidence cover required?

 Yes/No

If 'Yes'

Does the building have any visible signs of cracking?

 Yes/No

Has the property or adjacent property previously suffered damage from subsidence, heave or landslip?

 Yes/No

Is Terrorism cover required?

 Yes/No

Business Interruption

If your business were to suffer a total loss of a premises, you would need to estimate the time it would take to fully recover back to a normal financial operating level (the Indemnity Period).

This could include the time taken for your premises to be reinstated or rebuilt including council planning approvals, and lead times for specialised machinery.

You would need to estimate your projected annual Insured profit during the Indemnity Period, and any fixed financial commitments you would continue to be liable for (e.g. wages, rent).

You should also consider any Additional Increased Cost of Working involved in operating from an alternative location whilst your property is being reinstated or rebuilt (e.g. additional building or machinery rentals, rates).

Indemnity Period (months)

How long you estimate it will take to fully recover from a catastrophic loss; at least 12 months and increased in 6 month increments

 months

Insured Profit

Projected total estimate if the business was trading normally during the Indemnity Period

 £

Additional Increased Cost of Working

Additional transportation costs, rates, fees, rents, temporary staff etc.

 £

Additional Covers

Failure of Public Utilities

 Yes/No

Failure of Telecommunications

 Yes/No

Outstanding Debit Balances/Book Debts Sum Insured

 £

Are records kept in a fire proof safe?

 Yes/No

Other Additional Covers are available - please supply details on the 'Additional Information' pages if required

- Action by Police, Government or Other Competent Authority
- Committed Costs
- Failure to Transmit
- Fines and Damages
- Loss of Licence - MOT
- Property Stored/Patterns
- Rent Receivable
- Specified Customers
- Specified Diseases, Food Poisoning, Vermin, Pests, Defective Sanitation, Murder or Suicide
- Specified Supplier
- Unspecified Customers

Employers' Liability, Public Liability and Products Liability

Main Employer Reference Number/PAYE Reference (e.g. 123/AB4567) /

Anticipated Annual Employee Wage Rolls

Please provide estimated annual wages, salaries and other earnings for the forthcoming year.

Directors, Business Partners and Principals – Clerical wages

£

Directors, Business Partners and Principals – Manual wages

£

Workshop Employees

£

Vehicle Salespersons

£

Clerical Employees

£

Any Other Employees

£

Any works away from your business location

£

If 'Any Other Employees' or 'Any works away from your business location' wages are entered, please describe the activities undertaken below

Public Liability – Limit of Liability

£2/£5/£10 million

Annual Estimated Turnover

£

Percentage of turnover split between:

New Vehicle Sales

%

Used Vehicle Sales

%

Recovery Breakdown

%

Tyres/Exhausts/Parts and Accessories

%

Mechanical Repairs, Servicing and MOT Testing

%

Fuel Sales

%

Bodywork Repairs

%

Sales of Second Hand/Used Vehicle Parts

%

Do you, or have you ever, exported goods to the USA or Canada?

Yes/No

If 'Yes', please provide details of the types of exports, frequency and typical annual turnover below

Road Risks

Cover Required:

Comprehensive

Third Party Fire and Theft

Third Party Only

Total excess required

£

Number of years of No Claims Discount available

None/1 year/2 years/3 years/4+ years

Additional Covers

Windscreen/Glass extension (Comp only)

Yes/No

Full Cover for vehicles loaned or hired to customers (Comp only)

Yes/No

Unaccompanied Demonstration

Yes/No

Additional Business Use

Yes/No

If 'Yes' please provide details below

Turnover Business Specialism

Please provide the percentage of your total turnover relating to the sale, service, repair, inspection or testing of:

Sports or High Value cars with an ABI Insurance Group of 43 or higher, or cars with a market value of £100,000 or more, or motorcycles with a market value of £50,000 or more

%

Veteran, vintage or classic vehicles

%

Commercial Vehicles with GVW of 7.5t or higher

%

Coaches, Buses and Minibuses

%

All terrain Vehicles

%

Racing or Rallying Vehicles

%

Agricultural Vehicles or Machinery

%

Construction Plant (e.g. Excavators) and/or special types e.g. fork lift trucks)

%

Please list all **Trade Plates** held at any location

Location

(If you have more than one location, please supply information per location)

1. Vehicles Registered To Your Business

Do Not include in this table any Vehicle Personally Owned by any Director, Partner or Principal, or any Vehicle provided to employees by Lease Agreements or Salary Sacrifice, or any Vehicle provided by you by way of Sponsorship

Any Vehicle transporter used with or without a trailer which is capable of carrying three or more vehicles at any one time should be declared separately and full details must be provided to Aviva before any cover may apply.

Vehicle Use: Please detail if vehicles used for Business and SD&P (B+SDP), Business Use Only (BUO), SD&P only (SDP), Private Hire (PH), Hire & Reward (HR)

Reg. Mark	Make & Model	Estimated Value	Vehicle Category - Courtesy Vehicle, Private Hire Vehicle, Goods Carrying Vehicle for Hire & Reward, Minibus, Recovery Vehicle, Other Vehicles	Vehicle Use (see note above)	Gross Vehicle Weight (GCVs and Recovery Vehicles only)
		£			
		£			
		£			
		£			
		£			
		£			
		£			
		£			

2. Personally Owned Vehicles – Please confirm if the vehicle is owned by a Business Partner, Business Partner's Spouse or Civil Partner, Director, Director's Spouse or Civil Partner, Business Principal's Spouse or Civil Partner

Reg Mark	Make & Model	Est Value	Owner's Name	Relationship to Policyholder	Specified Drivers for SDP	Will Employees Use for Business Use? Y/N	Additional Business Use? Y/N	Additional Business Description
		£						
		£						
		£						
		£						

3. Employee Leased or Salary Sacrifice Vehicles

Reg Mark	Make and Model	Est. Value	Name of Leasing Company
		£	
		£	

4. Sponsored Vehicles

Reg Mark	Make and Model	Est. Value	Sponsored Person's Name	Occupation/Vocation	Specified Drivers Name(s)
		£			
		£			

Driving and Use of declared High Performance and High Value Vehicles, Classic Vehicles and Motorcycles

Of the vehicle schedule you have provided above, please specify the registration numbers of any High Performance vehicles (ABI Insurance Group 43 or above), any vehicles valued at £100,000 or more, any vehicle exempt from Vehicle Tax based on its age or use, or any Motorcycles.

Please confirm if vehicles listed will be used for Business and SD&P (B+SDP) or SD&P only (SDP)

Registration Mark	Driver Name/s	Business & SDP use or SDP Only	Additional Business Use? Y/N	Additional Business Description

Drivers Details and Category

1. Employees

Note 1 - Employee Categories: the categories of Employees to be selected from - (i) Director, Partner or Principal, (ii) Workshop Staff, (iii) Sales Staff or (iv) All other Employees.

Note 2 - Use: Business and SD&P (B+SDP) or Business Use Only (BUO)

2. Non Employees

Non Employee Specified Persons – Social, Domestic and Pleasure (SDP) Use Only

NOTE: Spouses, if employed in the business, should be included in table “1. Employees” above. The table below must be completed for Social, Domestic and Pleasure use only by persons other than principals, partners, directors (and any of their spouses) or Employees.

Name	Date of Birth (dd/mm/yyyy)	Occupation	Unspent Motoring Convictions in past 5 years (if none, state ‘None’)

3. Unnamed relatives and friends of Directors, Principals and Partners – Social, Domestic and Pleasure Use Only

This extension excludes drivers under 21 years of age. Any such person must be declared and their details provided under the Non Employee Specified Persons section above. Please note that disclosure of any person under 25 years of age does not guarantee our acceptance.

If you wish to add this cover please advise names below of the Directors, Principals and Partners

Name	Occupation Status

Motor Insurance Database - Supply of Vehicle Details

You are reminded that you are legally obliged to supply details of all relevant Insured Vehicles (including Trade Plates) to be provided in electronic format to the Motor Insurance Database website in order to satisfy the requirements of the relevant law applicable to England, Wales, Scotland and Northern Ireland.

Please insert current contact details for any Motor Insurance Database (MID) related matter:

Name:

Telephone Number:

e-mail address:

Are you a member of any motor trade association? Yes/No

If YES, provide association name(s):

Engineering Inspection

Do you require inspection of your plant or equipment?

Yes/No

If 'Yes' do you require an inspection of:

All Plant and Machinery (including vehicles subject to statutory Inspection)?

Yes/No

All local exhaust ventilation plant and power presses?

Yes/No

Electrical Installation and PAT testing?

Yes/No

Do you know of any defect in any part of the plant, electrical equipment or any other item to be inspected?

Yes/No

If 'Yes' please provide details below

Please provide/attach a full schedule of all plant, machinery, vehicles (e.g. recovery vehicles with hydraulic lifting equipment) and all other equipment to be inspected.

Location address or postcode	Item description (e.g. Air Receiver)	Number of items at that location

Computer

When computers go wrong or missing, replacing the equipment is the easy part. Recovering the invaluable, yet intangible assets within the equipment often proves a much greater challenge.

That's why Aviva offers Computer cover. As well as protecting computer hardware it also covers software and the all-important data.

Computer Equipment

Computer equipment at your premises including ancillary equipment, software and programs and including the cost of replacement licences or dongles.

Location address or postcode	Sum Insured
	£
	£
	£
	£
	£

If your Computer Equipment is not subject to a maintenance agreement, do you require cover for breakdown?

Yes/No

Portable Equipment

Do you want to include cover for your portable equipment (e.g. laptops)?

Yes/No

Do you want to include cover for mobile phones?

Yes/No

Do you want to include cover for portable satellite navigation equipment?

Yes/No

Please provide a total sum insured for all Portable Equipment

£

Is your Portable Equipment cover required to operate outside of the UK?

Yes/No

If 'Yes', please state EU & EEA or Worldwide

EU & EEA

Worldwide

Reinstatement of Data sum insured

£

Computer Business Interruption

Cover Type

Insured Profit Insured Revenue

Sum insured

£

Maximum Indemnity Period

months

Computer Increased Cost of Working

Sum insured

£

Maximum Indemnity Period

(Increased Cost of Working & Reinstatement of Data only)

months

Virus, Hacking and Denial of Service Attacks

Sum Insured

(Increased Cost of Working & Reinstatement of Data only)

£

Risk Management and Risk Control

The law says that every business must have a policy for managing health and safety.

A health and safety policy sets out your general approach to health and safety, and explains how, as an employer, you will manage health and safety in your business. It should clearly say who does what, when and how.

If you have 5 or more employees, you must write your policy down. If you have fewer than 5 employees, you do not have to write anything down but it is useful to do so.

You must share the policy, and any changes to it, with your employees, and should record when and who these have been communicated to.

Please confirm who is responsible for health and safety issues

Please provide details of any formal qualifications held by that person or any external advice you obtain

When were your risk assessments last updated?

Please confirm what health and safety training is provided to your employees

Regular workplace inspections should be recorded to identify defects and hazards and to ensure corrective action is carried out.

How often are workplace inspections undertaken?

Is all employee training recorded?

Yes/No

Specify any accreditations you hold for Environmental or Quality Management, PAS 125 or any other aspects of the business and have held for a minimum of 2 years

Driver Management

For all new employees who will drive on business, do you:

Take a copy of their driving licence

Yes/No

Assess driving ability

Yes/No

Issue drivers with a company driver handbook

Yes/No

Are driving licences of all permitted drivers checked annually?

Yes/No

Do you supply your drivers with:

Details of what to do in an accident?

Yes/No

An accident report form to complete?

Yes/No

Does a local manager interview the driver following an accident?

Yes/No

Do you record and analyse incidents?

Yes/No

Do you operate a penalty/incentive scheme to encourage accident free driving?

Yes/No

Are you currently involved in a driver training programme?

Yes/No

How many drivers have undertaken driver training in the last 24 months

How frequently are your vehicles checked for defects?

Fire and Security Precautions

Location address or postcode	<input type="text"/>		
Has the electrical system been certified IEE compliant in the past 5 years?	<input type="text"/> Yes/No		
Fire alarm type	<input type="checkbox"/> Bells only	<input type="checkbox"/> Monitored	<input type="checkbox"/> None
Distance to the nearest full-time fire brigade	<input type="text"/> miles		
Intruder alarm type	<input type="checkbox"/> Bells only	<input type="checkbox"/> Monitored	<input type="checkbox"/> None
Does your monitored intruder alarm trigger Police response and do you hold a valid Unique Reference Number?	<input type="text"/> Yes/No/NA		
Do you have a maintenance agreement in force with an accredited company for your installed alarm and security systems?	<input type="text"/> Yes/No		
CCTV system type	<input type="checkbox"/> Recorded only	<input type="checkbox"/> Monitored	<input type="checkbox"/> None
Are fire extinguishers maintained under an annual agreement?	<input type="text"/> Yes/No		
Do all wastebins in workshop areas have metal lids and are of metal construction?	<input type="text"/> Yes/No		
Do you have an LPC Approved Spray Booth?	<input type="text"/> Yes/No		
Do you have Window Grilles/Bars/Shutters?	<input type="text"/> Yes/No		
Do you have Perimeter Fencing?	<input type="text"/> Yes/No		
Are all tool boxes/cabinets secured to the fabric of the building?	<input type="text"/> Yes/No		
Please provide details of any other significant security arrangements	<input type="text"/>		

Vehicle Protection

What is the % value of vehicles on your premises overnight:

Inside your locked buildings	<input type="text"/> %
Inside an enclosed secure compound	<input type="text"/> %
Elsewhere in the open	<input type="text"/> %

What vehicle security and forecourt security precautions are taken to protect individual vehicles on your premises?

Key Security

Where are the keys to your premises kept when your premises are closed for business?

Where are the keys to all your vehicles and customers' vehicles kept:

During business hours	<input type="text"/>
Outside business hours	<input type="text"/>

General Particulars

Please remember that you must make a fair presentation of the risk to us. This means that you must:

1. disclose to us every material circumstance which you know or ought to know or, failing that, sufficient information to alert us that we need to make further enquiries; and
2. make such disclosure in a reasonably clear and accessible manner; and
3. ensure that, in such disclosure, any material representation as to a:
 - a. matter of fact is substantially correct; and
 - b. matter of expectation or belief is made in good faith.

A circumstance or representation is material if it would influence our judgement (as a prudent insurer) in determining whether to take the risk and, if so, on what terms. You must also make a fair presentation of the risk to us in connection with any variations, e.g. changes you wish to make to your policy in which case you must inform your insurance adviser.

If you fail to make a fair presentation of the risk then this could affect the extent of the cover provided or could invalidate your policy. If you are in any doubt as to whether a circumstance is material then you should disclose it.

You should keep a record (including copies of letters) of all information supplied to the insurer for the purposes of the application for, or renewal of this insurance.

We have recorded the following details as previously provided by you. If any of these details have changed you must advise us.

General Details

No director or partner involved with the business has:

- ever been declared bankrupt or insolvent
- ever been involved in the running of a business that has been declared insolvent or has entered into administration or has had an administrative receiver appointed or has been wound-up or has been the subject of a Company Voluntary Arrangement
- ever been the subject of a County Court Judgement, an Individual Voluntary Arrangement, a Company Voluntary Arrangement or a Sheriff Court Decree
- ever been disqualified from being a company director
- ever had an insurance proposal declined, renewal refused or insurance cancelled or special terms imposed
- been convicted of or charged with (but not yet tried for) or been given an Official Police Caution in respect of any criminal offence other than a motoring offence unless spent by the Rehabilitation of Offenders Act as amended by the Legal Aid, Sentencing and Punishment of Offenders Act 2012.
- been convicted of fraud, robbery, theft or handling stolen goods during the past 5 years - unless spent by the Rehabilitation of Offenders Act as amended by the Legal Aid, Sentencing and Punishment of Offenders Act 2012.

The business has:

- never been subject to an investigation by HM Revenue and Customs which has resulted in a prosecution
- a permanent registered address.

Employers' Liability

You have never been prosecuted by:

- the Health and Safety Executive or been notified that a prosecution will be made and/or received Prohibition or Improvement Notices for breaches of health and safety
- an enforcing authority or been notified that a prosecution will be made and/or received Enforcement or Prohibition Notices for breaches in fire safety
- the Crown Prosecution Service under the Corporate Manslaughter and Corporate Homicide Act 2007

Public and Products Liability

You have never been:

- prosecuted by the Environment Agency and/or been subject to Civil Sanctions and/or been required to pay clean-up costs following a pollution incident
- prosecuted under Product Safety legislation
- forced to issue a product recall by the enforcing authorities.

Road Risks

All persons who to your knowledge will drive under this insurance:

- hold a current full UK or EU driving licence
- have not had their driving licence revoked or had any restrictions imposed during the past 5 years
- have had no more than 6 penalty points on their driving licence during the past 3 years
- have no prosecution or police enquiry pending
- have no disabilities or illnesses that may affect their ability to drive that have not been notified to the DVLA
- have not been involved in an accident or loss in the past 3 years (other than any accidents or losses declared under this application).

No vehicle to be insured will:

- be used outside the UK, Isle of Man or Channel Island other than occasional use of private cars for social, domestic and pleasure purposes carry High Category Hazardous Goods and/or visit Hazardous Locations (other than in any area designated for access or parking by the general public).

Additional Information

Additional Information

