

Proposal Form

365 Insurance



Lloyd's Avenue House
6 Lloyd's Avenue
London
EC3N 3AX

Tel: 0870 142 0871 Fax: 0870 142 0872

Email: marketquotes@lroinsurance.co.uk

IMPORTANT NOTE

Answers to the following questions and any additional details presented to the Company assist us in the assessment of the risk. You must let us know all material facts relevant to this insurance. Failure to do so could result in you not being insured and claims being refused. Material facts are those which would be likely to influence an insurer's consideration of the application. If you are in any doubt as to whether a fact is material you should include it. You should keep a record (including copies of letters) of all information supplied to the Company in connection with this insurance.

Please complete in **BLOCK CAPITALS** and tick where indicated, use additional sheets if necessary.

Applicant Details

- 1** **Name of applicant(s) ***
(Please list all parties to be insured, the policy will be issued in the name or name(s) you state)

- 2** **Trading name of establishment to be insured**

- 3** **Are you trading within a market or exhibition ***

- 4** **Name of market/s or exhibition/s you are trading within ***

- 5** **Legal trading status (i.e. sole trader, limited company etc) ***

- 6** **Business description ***

- 7** **Description of goods / services offered ***

- 8** **Postal address ***

Postcode

Telephone

Email

Website

Date upon which the insurance is to commence *

Note: this insurance will not be, or continue to be, in force until this application form has been accepted by the company.

Insurance Cover

9 Full address(es) of premises where insurance is to be effected *

10 General description of the premises to be insured *

1 Select option of cover required *

Option A

Option B

Option C

Option D

Option E

General Questions

1 Have you ever traded under another name? * Yes No

If 'Yes' please give details

2 Are you now or have you previously been insured in respect of any of the risks to which this application relates? * Yes No

If 'Yes' please advise name of insurer(s) and policy number(s)

3 In respect of the risks to be insured whether at these premises or elsewhere has any

(a) **loss, damage, injury or liability arisen during the past five years whether insured or not? *** Yes No

(b) **submitted any claims within the past 3 years *** Yes No

(c) **company or underwriter declined to issue or renew a policy or imposed special terms? *** Yes No

4 If you have answered 'Yes' to any of the above questions please provide full details below, or on an additional sheet of paper. (please attach any additional pages with your answers to this application)

General Questions (continued)**5****Have you or any director, partner, employee or representative ever**

- (a) **been convicted of (or charged with but not yet tried for) any offence other than a driving offence? *** Yes No
- (b) **been declared bankrupt or the subject of bankruptcy proceedings, liquidation, appointment of administrative receiver or administrators or made any arrangement with creditors either in a personal capacity or in connection with any company, business or firm with which any of you have been involved? *** Yes No
- (c) **had any County Court Judgments made**
- (i) against you in a personal capacity? * Yes No
- (ii) against any organisation, company, business or firm in which you have been involved as a trustee, director or partner or in a similar capacity? * Yes No

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

Important notices

The plan selected must represent the full value at risk, do not UNDER INSURE.
If any item is under-insured, claims will be proportionately reduced.

If you require a sum insured higher than what is provided in the plan, please call us on 0870 142 0871 to arrange additional cover.

Please return the completed proposal form together with your annual premium payment of £ _____

Representing Annual Premium (including insurance premium tax and administration fee) in respect of Market4Sure 365 Insurance payable to LRO Insurance.

The liability of the Insurer does not commence until the proposal form has been accepted by the Insurer and the premium payment cleared in our account. Allow 15 working days for receipt of your policy documentation.

Disclosure of additional material facts

Please read the paragraph about material facts which appears at the head of this application form. If there are any material facts that have not been covered by the questions set out above you must disclose them to us. Please use the box below or continue on a separate sheet.

Have you been supplied with a summary of cover in respect of this insurance? * Yes No

Law Applicable

It is our intention to apply the relevant law of the United Kingdom, the Channel Islands or the Isle of Man relating to the address of the Insured as shown in the Schedule. If there is any dispute as to which law applies, it shall be English Law.

Declaration

This declaration must be signed and dated on behalf of all the parties to be insured under this policy. In the event of joint insured's we have allowed for more than one signature.

I declare that all the statements and particulars made with regard to this proposal, which I have read and checked, are true and if any answer has been given by any other person that person shall be deemed to be my agent for the purpose. I have not Suppressed, omitted, misrepresented or mis-stated any material fact and I agree that this declaration shall be the basis of the contract between me/us and *The International Insurance Company of Hannover Ltd.*

I/We agree to accept a policy in the Company's usual form for this class of business.

If your application emanates from Northern Ireland, please contact LRO Insurance for further clarification on the terms and conditions of cover prior to inception of Insurance.

Name *

Position *

Signature Date *

Name *

Position *

Signature Date *

FOR OFFICE USE ONLY

Initials Date *