



The completion of this form in no way binds the Proposer to purchase insurance, nor does it bind Insurers to provide a policy.

Any information given will only be used for the purpose of supplying a quotation and will be treated as confidential.

1) Please provide full names of all Companies:

Company name(s)	Date Established
1)	
2)	
3)	

2) Please enter details of turnover and assets for each Company listed above, in the space provided below:

Company	Turnover Last Financial Year	Turnover Estimated Current Financial Year	Total Assets Last Financial Year
1)	£	£	£
2)	£	£	£
3)	£	£	£

3) Please confirm your address:

4) Please provide a description of your business activities, in the space provided below:

5) Please confirm that, as at the date of signature of this form:

Your Company:

- is a private entity, domiciled in the UK, with no public trading of shares and is not is not a financial institution and
- has not more than 10% of its assets in North America, and does not have a USA Listing and
- has been incorporated for more than 18 Months and
- has a clean audit report (unless exempted from statutory requirement to produce auditor's report) and
- has positive net worth / shareholder funds or, if not, provide details of financial support for the next 12 months below and
- is able to service its Debt repayments for the next 18 months and
- turnover has not reduced by more than 50% in the last year and
- has positive operational cash flow and
- has gearing of less than 60% (gearing is defined as Long Term Liabilities/Shareholder Equity) and
- there have been no claims and you are not aware of any circumstances that might give rise to a claim and
- none of the directors has been disqualified in the last 5 years.

If the answer is **NO** to any of the above statements, please provide full details in the space provided, or alternatively in an attachment if necessary.

6) Please state limit of liability required: £1,000,000 £2,000,000 £5,000,000 Other:

7) Please enter details of current coverage:

Current Insurer	
Policy Renewal Date	
Limit of Indemnity	£
Excess	£
Premium	£

DECLARATION

I/we declare that, after full enquiry, the above statements are correct and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this form together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected.

If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

Signature of Director:

Date: