**This proposal must be completed and signed by a Principal, Partner or Director of the Proposer**. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the Proposer or Underwriter to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

Please complete this Proposal form in **BLOCK CAPITALS** to avoid problems when transmitting by fax.

Put a cross for the YES/NO questions to indicate your response.

**1. Please provide the following details (including trading names) of the proposer/s:**

|  |  |  |
| --- | --- | --- |
|  | **Name of Company to be insured:** | **Date Established:** |
|  |  |  |
|  | **Business Sector:** |  |
|  | **Contact Name(s):** |  |
|  | **Address:** |  |
|  | **Postcode:** |  | **Email:** |  |
|  | **Tel:** |  | **Mobile:** |  |
|  | **Current Insurer:** |  | **Policy No.:** |  |
|  | **Renewal Date:** |  |  |  |

**2. Brief description of business activities:**

|  |
| --- |
|  |

|  |
| --- |
| **£**  |

**3. Turnover for last full financial year:**

|  |
| --- |
|  |

**4. Number of employees:**

|  |
| --- |
|  |

**5. Wage roll:**

**6. Current policies in place:**

|  |  |
| --- | --- |
| **1.**  |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |

**7. How is your insurance currently transacted:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Direct debit** | **Cash** | **Cheque** | **Card** | **Other (please specify below)** |
| **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |  |  |  |

|  |
| --- |
|  |

|  |
| --- |
| **£** |

**8. Current premium spend:**

|  |
| --- |
|  |

**9. Current insurers:**

**PLEASE READ THESE PARAGRAPHS CAREFULLY BEFORE SIGNING THE DECLARATION:**

It is essential that every Proposer or Assured when seeking a quotation to take out or renew any insurance makes a fair presentation of their risk to the prospective insurer.

**DUTY TO MAKE A FAIR PRESENTATION**

You have a duty to make a fair presentation of the risk to be insured to the insurer. This requires the disclosure of any information which would influence the judgement of a prudent insurer in deciding whether to accept your insurance, impose special terms, or charge an increased premium.

A proposal or any other document relating to the contract of insurance, must be answered fully and accurately.  All representations must be substantially correct if relating to matters of fact, or made in good faith if they are matters of expectation or belief. Please do consider the questions regarding “any other information” very carefully in the light of the duty of fair presentation. The provision and documentation of this information is your responsibility.

Please be aware that a failure to make a fair presentation of your risk may affect the payment of your claims, cause additional charges to be made by the insurer, or even invalidate the policy.

You are required to disclose what should “reasonably have been revealed by a reasonable search of information available to you”. Please note that this includes what is in the knowledge of all senior management within your organisation (senior officers not just directors), and what is known to other organisations.

Information must be disclosed in a way which is reasonably clear and accessible to a prudent insurer.

This duty arises not only at inception of the policy but also at renewal or in the event of any material change in your risk during the period of insurance.

If you have any doubt as to what constitutes a relevant fact or circumstance please do not hesitate to ask for advice.

**DECLARATION**

I/we declare that, after full enquiry, the contents of this questionnaire are true and that I/we have not misstated, omitted or suppressed any material circumstance or information. I/we agree that this questionnaire together with any other information supplied by me/us shall form our fair presentation of the risk to be insured. 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.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. Brunel operates a Group structure (Brunel Insurance Brokers Ltd is the holding company) and information may be shared between the Brunel Group entities.  Brunel Group may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the General Data Protection Regulation (GDPR) 2018.  If you do not wish these details to be used for marketing please inform Brunel Insurance Brokers Ltd in writing. Under GDPR you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact Brunel Insurance Brokers Ltd.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Principal** |  | **Position within the Company** |  |
| **Date** |  |  |  |