

## Client Details

### INTRODUCTORY STATEMENT:

Please answer the questions set out below accurately and completely.

For your convenience, we have included certain answers in the form however you must change these answers if they are inaccurate. This may result in us requiring further underwriting information but may not preclude us from providing cover. You must notify us on behalf of your client of any changes to the information provided. You must answer all questions accurately and completely. You must provide us with all further information we request and any other information of which we should be made aware.

Do you currently hold this Risk?

Yes/No

Proposer/ Company Name

Trading Name(s)

Contact Name

Company type

What is the renewal or expected start date of this policy

How many full years have you been trading

How many full years management experience do you have  
in the trade

Please details of membership of any industry trade association or accreditation body

## Correspondence Address

Postcode

Address

Is the insured address the same as the correspondence address

Yes/No

## Additional Trading Addresses

Line 1

Line 2

Town

County

Postcode

--	--	--	--	--

## Interested Parties

Are there any Interest Parties to be noted against this premises such as joint insured's or mortgagees?

Yes/No

## The Business

Within the last 5 years, have you or any of your Partners or Directors in connection with any business which you/ they have been involved had any losses whether insured or not or had any claims made against you?

Yes/No

Do you or any of your employees handle or transport any of the following: Radioactive substances or devices, explosives, asbestos, silica, toxic or hazardous chemicals or substances?

Yes/No

Do you have a formal written Health and Safety policy appropriate to your activities?

Yes/No

Have you carried out and documented risk assessments appropriate to your activities?

Yes/No

Yes/No

## Taxi Offices

**Do you record in document form the above risk assessments?**

**Are all risk assessments reviewed annually and communicated to all employees with evidence being retained that they have been read and understood?**

Yes/No

**Do you have a formal documented safety-training plan for employees which is appropriate to your activities?**

Yes/No

**Do all employees receive induction training when they start, which includes reference to the Health and Safety policy and a review of risk assessments?**

Yes/No

**Is a written record kept of all training received by employees?**

Yes/No

**Is the property manned 24 hours a day, 7 days a week, 365 days a year?**

Yes/No

**Are customers allowed on the premises?**

Yes/No

**Do you employ Chaperones to help with any services you provide?**

Yes/No

**Do you require cover for the administration of prescription drugs?**

Yes/No

**Do you use minibuses with any of the services you provide?**

Yes/No

**If you wish to disclose any additional information that you feel may be important to an underwriters' assessment of this risk, please do so below:**

## **Statement of Fact**

Have you or any individual involved in the business of the Proposer/Insured in a capacity listed in A. to E. below, being:

- A. director;
- B. business partner;
- C. a family member;
- D. an individual providing working capital or loan guarantees to this business; and
- E. anyone else who plays a significant role in making decisions about how the Proposer/Insured is to be managed or organised;

whether in relation to the business of the Proposer/Insured or any previous business or any other business in which you or they have been involved in any of the capacities listed in A. to E. above or in a personal capacity ever:-

**been declared bankrupt or are the subject of any current bankruptcy proceedings?**

Yes/No

## Taxi Offices

**been disqualified from being a Company Director?**

Yes/No

**had a County Court Judgement or Sheriff Court Decree?**

Yes/No

**had any County Court Judgement(s) (CCJ) or Sheriffs Court Decrees entered against you or them, or been involved in a company against which such judgements have been entered?**

Yes/No

**been convicted or have any prosecution pending or been given an official police caution in respect of any criminal offence other than motoring offences and any offences which are spent under the Rehabilitation of Offenders Act 1974, or been involved in a company subject to such a conviction, prosecution or caution?**

Yes/No

**been charged with or convicted of, or been involved in a company charged with or convicted of, a breach of the Health and Safety at Work Act or other legislation relating to employee safety and safe working practices, or been served with, or been involved with a company served with, an improvement order or a prohibition notice under such legislation?**

Yes/No

**had any insurance proposal declined, renewal refused, had any special or increased terms applied, had insurance cancelled midterm by Underwriters, had a policy declared void or claim repudiated?**

Yes/No

**been, or are currently a director or officer of a company which has been, declared insolvent or had a receiver or liquidator appointed or entered into arrangements with creditors in accordance with The Insolvency Act 1986, or had an Individual Voluntary Arrangement (IVA)?**

Yes/No

**been party to, or involved in a company which was party to, a Company Voluntary Arrangement (CVA)?**

 Yes/No

**been subject to a recovery action or fines exceeding £25,000 by HM Revenue & Customs, or been involved in a company subject to such a recovery action or fines?**

 Yes/No

## The Financials

### Cover Required:

**Employers Liability limit required.**

 £

**Is your business registered in the UK, employing 1 or more People and operating a PAYE scheme?**

It is compulsory for all companies (including any subsidiaries) required to hold Employers Liability insurance to provide their Employers Reference No. or employers PAYE Reference.

 Yes/No

**What is the company's Employers Reference Number (ERN)?**

**This may be referred to as the Employer's PAYE Reference**

 /

**Does this policy cover more than one company?**

 Yes/No

**Public Liability limit required**

 £

**What is your estimated turnover?**

 £

**How many Taxis do you operate from this office?**

**Do you require cover for mechanics working on own vehicle only?**

Yes/No

**Do you want to extend cover to include the drivers themselves**

Yes/No

I confirm on behalf of myself and my client that I have fully read and understood:

- (i) the introductory statement; and
- (ii) the above questions and information.

I have answered the questions above accurately and completely to the best of my knowledge, information and belief.

If you do not tell us about changes or have provided incorrect information, the wrong terms and conditions may be quoted and we may be entitled to:

- reject payment of a claim or a payment could be reduced, or
- revise the premium and/or change any excess, or
- revise the extent of cover or terms of this insurance.

In some circumstances your policy might be invalid, and you may not be entitled to a refund of premium.

Please confirm the above statement

## Property

Do you require cover for property damage including Contents, Money and BI?

### If yes

**Our standard cover includes £8,000 Contents at the premises including Radio's and computers, £25,000 Business Interruption (Additional Cost of Working) and £500 money. If you wish to increase the Contents or Business Interruption cover, please do so below.**

**Contents**

£

**Business Interruption (Additional Cost of Working)**

£

**Is the premises self-contained with its own lockable entrance door?**

Yes/No

**Is the premises built entirely of brick, stone or concrete, roofed entirely with slates, tiles, concrete or metal and composed only of non-combustible materials?**

Yes/No

**Is any part of the roof constructed of flat felt on timber?**

Yes/No

**Is the premises Free from and in an area which is free from any signs of subsidence, heave or landslip both now and in the past?**

Yes/No

**Is the premises in an area which is free from flooding and at least 250 metres away from the nearest lake, river, canal or tidal waters?**

Yes/No

**Is the premises manned 24 hours per day?**

Yes/No

## **Commercial Legal Expenses**

### **Policy Cover**

Our Taxi Office Liability Scheme automatically includes a Legal Expenses policy covering the following:

- Employment
- Employment Compensation Awards
- Employment Restrictive Covenants
- Tax Disputes
- Property
- Legal Defence
- Compliance & Regulation
- Statutory Licence Appeals
- Loss Of Earnings
- Personal Injury
- Executive Suite
- Contract & Debt
- Crisis Communication
- Business legal advice helpline
- Counselling helpline
- Crisis communication helpline
- Redundancy approval helpline

### **Broker Requirements**

**Please provide a target premium if you have one**

£

**Do you wish to add an additional fee?**

£