

Tradewise Insurance Services Ltd.

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MOTOR TRADE ROAD RISKS NEW BUSINESS INSTRUCTION SHEET

Agent Name: Agency Number:

Quotation Ref (if applicable): Cover Note Number (if applicable):

Date: Premium Inc. IPT

COVER DETAILS

Cover Start Date:	Trading Name: <i>(if none state Proposers Name)</i>		
Time:	Home Address:	Trading Address <i>(If different from home):</i>	
Cover Required: COMP <input type="checkbox"/> TPF&T <input type="checkbox"/> TPO <input type="checkbox"/>			
Maximum Indemnity level required: <i>(max indem i.r.o. TPF&T is £20k)(Please Circle reqd indem)</i> £5k-£7.5k-£15-£10k-£20k-£25k-£30k-£40k-£50k	Post Code:	Post Code:	
Split Indemnity level required:	NCB Private / Trade <i>(Delete as applicable)</i>		
Own:£ Customers:£	No of Years:		
Excess: £	Motor Trade Occupation: <i>(Sales , Mechanic etc)</i>		
Co-insurance clause applicable: Yes / No	Any Other Occupation:		
Stock Of Vehicles: <i>(sum insured reqd): £</i>	Own Vehicles / Vehicles held for sale: <i>(Put O for Own & S for Sale)</i>		
Carriage Of Vehicles: <i>(sum insured reqd): £</i>	Make/Model	Date Of Purchase	Reg No
ADDITIONAL COVER REQUIRED: <i>(delete where not required)</i> Demonstration Motor Cycles (Max cover TPO) ABU (Details Required):	Value		

DRIVER DETAILS

	Forename	Surname	DOB	Claim/Conviction/Disabilities Details
Proposer			/ /	

Driver	Forename	Surname	DOB	Claim/Conviction/Disabilities Details	Status <i>(Delete where not reqd)</i>	Drivers Use
Driver 1			/ /		Business Partner/ Employee/Spouse	Trade Y / N Social Y / N
Driver 2			/ /		Business Partner/ Employee/Spouse	Trade Y / N Social Y / N
Driver 3			/ /		Business Partner/ Employee/Spouse	Trade Y / N Social Y / N
Driver 4			/ /		Business Partner/ Employee/Spouse	Trade Y / N Social Y / N

**PLEASE NOTE PREMIUM AND TERMS ARE SUBJECT TO RECEIPT OF A
FULLY COMPLETED PROPOSAL FORM.**