

## MOTOR TRADERS PROPOSAL FORM

### 1. Company Details

#### (a) Contact Details

<b>Name of Company</b>		
<b>Address</b>		
		<b>Postcode</b>
<b>Contact</b>	<b>Telephone</b>	<b>Fax</b>
<b>E-Mail</b>	<b>Website</b>	

- (b) How many outlets/businesses does the company have? .....
- (c) What year was the company established? .....
- (d) How many staff does the company employ  
in the sale or administration of insurance products? .....

### 2. Financial Details

- (a) When is your financial year end? .....
- (b) Please provide the company's gross commission income arising from the sale of insurance products for the last complete year of trading .....
- (c) Has there been any significant change in such commission Income (over 20% change) over the last 3 years? If yes, Please provide details YES / NO

### 3. Insurance Commission Breakdown

- (a) Please enter percentages for the different insurance products sold for the company's last year of trading and the name of the insurance provider for each product. This section must total 100%

<b>Insurance Type</b>	<b>Name of Insurance Product Provider</b>	<b>%</b>
Payment Protection – Accident, Sickness, Unemployment		
GAP		
Extended Warranty		
Motor Insurance		
Other (please specify).....		
<b>TOTAL</b>		<b>100%</b>

- b) If you are involved in the placement of Motor Insurance, do you always act only as an “Introducer” (i.e. the customer is referred to an independent Motor Insurance Broker? If “No” please advise full details. Continue on a separate sheet if necessary. YES/NO
- c) Does the company hold client money in respect of insurance products? If “Yes” please provide details. YES/NO

**4. Claims and Complaints**

- a) After enquiry of all relevant insurance product salespeople, are you aware of any pending claim or complaint which may give rise to a claim arising from the sale or administration of insurance products? If “Yes” please advise full details. Continue on a separate sheet if necessary. YES/NO
- b) Has the company had any claims or complaints arising from the sale or administration of insurance products in the last 5 years? If “Yes” please advise the date, amount, brief details and what Steps have been taken to prevent a recurrence. YES/NO
- c) Has any Director, or member of staff involved in the sale or administration of insurance products, been involved in any fraud or dishonesty? If “Yes” please advise full details. Continue on a separate sheet if necessary. YES/NO

**5. Insurance Details**

- a) Has the company had professional indemnity insurance the past? If “Yes”, please provide details below: YES/NO

Limit of Indemnity ..... Excess .....

Premium ..... Renewal Date .....

Previous Insurer ..... No of Years Insured .....

- b) Has a previous policy ever been cancelled or had special terms imposed? If “Yes”, please advise full details. Continue on separate sheet if necessary. YES/NO

Please note that the limit of indemnity is the equivalent of €1,500,000 in the aggregate.

## 6. Declaration

I declare that the statements and particulars of this proposal form are true and that I have not mis-stated or suppressed any relevant facts, after making all relevant enquiries of my co-directors and those members of staff involved in the sale or administration of insurance products. I agree that this proposal form and any other information supplied by us shall form the basis of any contract of insurance effected thereupon. We undertake to inform Insurers as soon as practicable of any material or significant alteration to these facts occurring before the renewal of the contract of insurance.

.....  
Signature of Director

.....  
Date

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