

Motor Trade MOT – Loss of licence cover supplementary proposal

This is a supplementary proposal form and should be completed and read in conjunction with the Motor Trade Select and RMI Proposal Form or Complete Motor Trade and Complete RMI Proposal Form.

Client Details

Cover does not attach until this proposal has been accepted by Allianz Insurance plc. Please supply the following details. Use BLOCK CAPITALS and tick boxes where appropriate. If you do not have enough room please use a separate piece of paper.

Full Name of Policyholder

Please answer all the following questions.

Important: This form should only be completed and signed by a senior executive, official, director or partner authorised to sign on behalf of the Proposer.

MOT - Loss of licence cover

- 1 Vehicle Testing Station Numbers:
- 2 What was your MOT test fee income over the past 12 months £
- 3 What do you anticipate your MOT test fee income will be over the next 12 months? £
- 4 State the number of MOT bays you operate
- 5 Approximately how many MOT tests do you carry out annually?
 - a for Private Customers?
 - b for Motor Trade Customers?
- 6 Have you ever had, or are you currently under threat of suspension, cessation or withdrawal of your MOT Testing Station Licence? Yes No

If 'Yes', give dates and details below of all such warnings and notices.

MOT – Loss of licence cover (continued)

- 7** Other than covered by question 6, have you or any of your Nominated Testers received any Penalty Points issued under the Driver and Vehicle Standards Agency disciplinary system?

Yes No

If 'Yes', give details of all such warnings below.

- 8** Other than covered by question 6, have you or any of your Nominated Testers received any Formal Warnings issued under the Driver and Vehicle Standards Agency disciplinary system?

Yes No

If 'Yes', give dates and details of all such warnings below.

- 9** Have you or any of your Nominated Testers voluntarily attended Driver and Vehicle Standards Agency Training Courses during the last five years?

Yes No

If 'Yes', give dates and details below.

- 10** How long have you been conducting MOT tests?

- 11** What are your normal business hours during which MOT tests are carried out?

- 12** What indemnity period is required?

12 months

24 months

Important Information – Your duty to make a fair presentation of the risk

You must make a fair presentation of the risk to us at inception, renewal and variation of your Policy. This means that you must tell us about all facts and circumstances which may be material to the risks covered by your Policy in a clear and accessible manner or give us sufficient information to alert us of the need to make enquiries about such facts or circumstances.

Material facts are those which are likely to influence us in the acceptance of or assessment of the terms or pricing of your Policy. If you are in any doubt as to whether a fact is material, you should tell us about it.

If you fail to make a fair presentation of the risk, we may avoid your Policy (that is treat it as if it had not existed) and refuse to pay any claims where any failure to make a fair presentation is:

- a deliberate or reckless; or
- b of such other nature that, if you had told us about a material fact or circumstance, we would not have issued, renewed or varied your Policy.

In all other cases, if you fail to make a fair presentation of the risk, we will not avoid your Policy but we may instead:

- a reduce proportionately the amount paid or payable on any claim, the proportion for which we are liable being calculated by comparing the premium actually charged as a percentage of the premium which we would have charged had you made a fair presentation (e.g. if we would have charged you double the premium, we will only pay half the amount of any claims under your Policy); and/or
- b treat your Policy as if it had included such additional terms as we would have imposed had you told us about a material fact or circumstance. Payment of any claim you make will be subject to the application of any such additional terms.

For these reasons it is important that you check all of the facts, statements and information set out in this proposal or in any other information provided are complete and accurate. You must also make reasonable enquiries to check with anyone you employ in your business that the facts and statements set out in this form are complete and accurate.

If any of the facts, statements and information set out in this proposal are incomplete or inaccurate, you or your Insurance advisor must contact us immediately. Failure to do so could invalidate your policy or lead to a claim not being paid or not being paid in full.

Declaration

I/we declare that:

- 1 I/we have read this proposal and understand that I/we are under a duty to make a fair presentation of the risk and that failure to do so could result in my/our Policy being invalidated and/or a claim not being paid or not being paid in full.
- 2 the facts, statements and information contained within this proposal, whether provided by me/us or by others on my/our behalf, are true and complete.
- 3 any facts, statements and information which are not contained within this proposal but which have been provided to Allianz separately by me/us or by others on my/our behalf are true and complete.
- 4 I/we have declared all material facts information and circumstances which may affect the risk being accepted by Allianz under this Policy even if Allianz has not asked me/us any questions about such facts information and circumstances.
- 5 I/we have made all reasonable enquiries of anyone employed by me/us to ensure that all facts, statements and information provided to Allianz are accurate and correct.
- 6 I/We agree to accept Allianz's standard form of policy for this/these class/classes of insurance. A specimen copy of the policy is available on request.
- 7 I/We understand that Insurers share information with each other, credit reference agencies and other information agencies with regard to credit agreements, policies and claims, primarily to help assess risks, handle claims and prevent fraud. I/We consent to this.
- 8 I/We understand that Allianz Insurance plc and/or Allianz Legal Protection reserve the right to decline any proposal.

Signature

Date

Position/Title

Print Name