



TFP Liability Proposal



Your Details

(Please complete this form clearly, in ink and tick any boxes where appropriate)

Full Name _____

Trading Title _____

Address _____

Postcode _____

Employer Reference Number (ERN) _____ **Do you own any subsidiary companies?** YES NO

If 'Yes' please give the names of all companies. _____

Cover Required

Public Liability £5 million Indemnity YES NO

Public Liability £10 million Indemnity YES NO

Employers Liability £10 million Indemnity YES NO

Premises Liability £2 million Indemnity YES NO

Premises Liability £5 million Indemnity YES NO

Period of Cover

From _____ To _____

Business Activities

Business Description _____

Full details of all business activities including any specific contracts

Do you undertake any contract work for celebrities or foreign delegates? YES NO
(Please provide details)

Are all buildings to be covered of standard construction (brick, stone or concrete and roofed with slates, tiles, concrete or profile metal sheeting). YES NO N/A
(If 'no', please give details below)

Are all premises to be covered in a good state of repair? YES NO N/A
(If 'no', please give details below)

How many Vehicles do you operate? _____

How many years has your Company been established? _____ years

Have you accepted any additional liabilities by agreement or contract with any customer? YES NO
(If 'yes', please give details, and a copy of the agreement)

Do you subcontract work to other firms? YES NO
(If 'yes', please give details of work carried out)

Do you ensure that they have adequate liability insurance in force with indemnity limits at least as high as yours and that such insurances are maintained in force? YES NO

General Information

Have you previously been insured in respect of:

i) Public Liability YES NO

ii) Employers Liability YES NO

Please give details of previous insurer and policy number _____

Please provide full details of any claims in the last 5 years

Have you or any person who will drive ever been refused insurance or quoted an increased premium or had special terms imposed? YES NO

Have you or any person who will drive been convicted of or cautioned for any criminal offence of any kind or have any prosecution pending e.g. fraud, theft, acts of violence etc? YES NO

Are there any other material facts which may affect the Insurance? YES NO

Is there a health & safety policy? (Please attach a copy if applicable) YES NO

If the answer to any of the above questions is 'yes' please provide details below or on a separate sheet if necessary

If you have a complaint

Aviva is a member of the Financial Ombudsman Service scheme for complaints from private policyholders, certain small businesses, charities and trusts. Should you have a complaint please initially notify your insurance adviser or usual Aviva point of contact. Full details of our complaints procedure will be set out in your policy booklet, or are available from your insurance adviser or from your usual Aviva contact. The complaints procedure does not affect your right to take legal action.

Choice of law

The appropriate law as set out below will apply unless you and the insurer agree otherwise.

1. The law applying in that part of the UK, Channel Islands or Isle of Man in which you normally live or (if applicable) the first named policy holder normally lives; or
2. In the case of a business, that law applying in that part of the UK, Channel Islands or Isle of Man where it has its principal place of business; or
3. Should neither of the above be applicable, the law of England and Wales shall apply.

Data Protection Act - information uses

For the purposes of the Data Protection Act 1998, the Data Controller in relation to any personal data you supply is TFP Schemes and Aviva Insurance Limited.

Insurance Administration

The insurer, its associated companies and agents, reinsurers and your intermediary, may use information you supply for the purposes of insurance administration. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

In the case of personal data, with limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

Credit Searches and Accounting

In assessing your application the insurer may search files made available to it by credit reference agencies who may keep a record of that search. The insurer may also pass to credit reference agencies information it holds about you and your payment record. Credit reference agencies share information with other organisations, enabling applications for financial products to be assessed or to assist the tracing of debtors or to prevent fraud.

The insurer may ask credit reference agencies to provide a credit scoring computation. Credit scoring uses a number of factors to work out risks involved in any application. A score is given to each factor and a total score obtained. Where automatic credit scoring computations are used by the insurer, acceptance or rejection of your application will not depend only on the results of the credit scoring process.

Sensitive Data

In order to assess the terms of the insurance contract or administer claims that arise, the Insurer may need to collect data that the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By processing with this application you will signify your consent to such information being processed by the insurer or its agents.

Marketing

Aviva and its agents may use your information to keep you informed by post, telephone, e-mail or other means about products and services which may be of interest to you. Your information may also be disclosed and used for these purposes after your policy has lapsed. If you do not wish your information to be used for these purposes please write to Aviva, FREEPOST, Mailing Exclusion Team, PO Box 6412, Derby, DE1 1SB.

Fraud prevention and detection

In order to prevent and detect fraud we may at any time share information about you with other organisations and public bodies including the Police. You should show these notices to anyone with an interest noted in the insurance covered under the policy.

Material Facts

All material facts must be disclosed. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an insurer in the acceptance and assessment of the risk presentation. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer. If any changes in circumstances arise during the period of insurance cover please provide your insurer with details.

A specimen copy of the policy wording is available on request. We recommend you keep a record (including copies of letters) of all information provided to the insurer for your future reference. A copy of the completed proposal will be supplied on request within a period of three months after its completion.

Declaration

You have read and checked the risk presentation provided by your insurance intermediary specified above and agree its contents. You declare that the information provided is, to the best of Your knowledge and belief correct and complete. You agree that any statements in the risk presentation shall form the basis of the contract between Us and You and if the risk is accepted You undertake to pay the premium when called upon to do so. You understand that Your information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing our compliance with any regulatory rules/codes.

Signature _____

Date _____ Position Held _____

Underwritten by, Aviva Insurance Ltd.

Registered in Scotland No. 2116

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Authorised and Regulated by the Financial Services Authority.

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