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COACH SCHEME

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FACT FINDER



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PROPOSER'S DETAILS

It is a requirement to capture information about every company and subsidiary company that is to be covered by the policy. As "associated" companies do not fall within the subsidiaries definition they must arrange their own cover to comply with regulations. If you are an individual or partnership, please state your full names including any trading style.

1. Company Name (including list of partners if not a limited company)

2. Address 1

3. Address 2

4. Town

5. County

6. Postcode

If the business is a partnership, LLP, Ltd or PLC please provide full details of all other partners or any subsidiaries on the 'Additional Information' sheet at the end of the form.

If you operate from more than one address please list all other business addresses and their business use on the 'Additional Information' sheet.

7. Full business description (if you have a brochure or company literature, please attach them to this form)

CURRENT INSURANCE ARRANGEMENTS

8. Insurer

9. Broker

10. Premium

11. Renewal date

12. Date commenced trading

13. Is the business VAT registered?

Yes

No

14. Please give details of any professional or trade associations you are affiliated to



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BUSINESS DETAILS

15. Is your registered address the same as the address under the Proposer's Details? Yes No
If "No" provide your registered address below
16. Address 1
17. Address 2
18. Town 19. County 20. Postcode
21. Please provide your company registration number (if applicable)
22. Please provide a split of your business activities:
- | | |
|---------------------|---|
| a. Local contracts | % |
| b. Private hire | % |
| c. School contracts | % |
| d. Stage carriage | % |
| e. Express carriage | % |
| f. UK tours | % |
| g. European tours | % |
23. Have there been any changes to your business activities over the last 12 months? Yes No
If "Yes" provide full details below
24. Do you have any changes to your business activities planned for the next 12 months? Yes No
If "Yes" provide full details below
25. Do you operate overseas? Yes No
If "Yes" please estimate the number of vehicle days over the past year
26. Do you have contracts which involve the carriage of 'VIPs' (e.g. entertainment industry, professional sportspersons)? Yes No
If "Yes" provide full details below



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27. Do you visit airports or other high risk sites? Yes No
If "Yes" provide full details below, including the frequency of visits

VEHICLES

28. How often are your vehicles maintained and how is this evidenced?
29. What is the maximum number of vehicles kept at any one location?
30. Please confirm the maximum value of vehicles that could be at one location £
31. What security arrangements are in place for your vehicles when on your own premises and not in use (e.g. CCTV, floodlights, security patrols etc)?
32. Do you fit security devices (other than manufactures standard)? Yes No
If "Yes" provide full details below

DRIVERS

33. Please provide the number of drivers in each age group:
- a. Under 21
 - b. 21 to 25
 - c. 25 to 35
 - d. 35+
34. Do you use agency drivers? Yes No
If "Yes" provide full details below, including the frequency of use
35. What was your level of driver turnover in the last 12 months?
36. How often do you undertake driver licence checks?
37. Are references for new drivers obtained? Yes No
38. How often do you undertake driver risk assessments?



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39. Do you undertake additional driver training? Yes No
If "Yes" provide full details below

40. Please provide details below of progress in completing driver CPC training

RISK MANAGEMENT

41. Do you currently use any telematics, tracking or camera systems? Yes No
If "Yes" provide full details below of the system, the number of vehicles this is fitted to, and when it was fitted

42. Do you issue driver handbooks? Yes No
43. Do you issue driver packs with details of what to do in the event of an accident? Yes No
44. Do you undertake post accident interviews? Yes No
If "Yes" provide details below of who is responsible for this (please include their name and position within the company)

VOSA

45. Have you incurred any PSV operator licence offences? Yes No
If "Yes" provide full details below



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GENERAL QUESTIONS

Please answer questions a. and b. in relation to this business or any previous business in which the proprietor, partners or directors have traded, in this or any other name:

- | | | | |
|----|--|-----|----|
| a. | Have any insurers in the last five years declined to insure any of you or your businesses, cancelled or refused to renew any insurance or imposed special terms? | Yes | No |
| b. | Have there been any incidents in the last five years where the Health and Safety Executive, Environmental Health Office, Environment Agency or any other enforcement agency have served any of you with any enforcement measures, prohibition notices or criminal proceedings? | Yes | No |

Please answer questions c. to f. in relation to the proprietor, partners or directors of this business.

Convictions or cautions do not have to be declared if they have become spent under the Rehabilitation of Offenders Act 1974. Reference to the Rehabilitation of Offenders Act 1974 is a reference to it as it is in force for the time being, taking into account any amendment, extension or re-enactment, and includes any subordinate legislation for the time being in force made under it.

- | | | | |
|----|--|-----|----|
| c. | Have any of you in the last five years been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner, proprietor, partner or director with any company which went into receivership, administration or liquidation? | Yes | No |
| d. | Have any of you in the last six years been the subject of any County Court Judgment and/or been cited in any unsatisfied court judgments (or the Scottish equivalent) and/or have any court judgments pending? | Yes | No |
| e. | Have any of you been convicted or charged (but not yet tried) with any criminal offence other than a motoring conviction? | Yes | No |
| f. | Have any of you committed any offence to which you have admitted and for which you have received an official police caution? | Yes | No |

If the answer to any question is "Yes" please provide full details on the 'Additional Information' sheet at the end of the form.

CLAIMS HISTORY

In relation to this business or any previous business in which the proprietor or any partners or directors have traded, in this or any other name, has there been a claim under any of the cover(s) requested within the last 5 years?	Yes	No
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If the answer is "Yes" please provide full details on the 'Additional Information' sheet at the end of the form.

DECLARATION

I/We declare that to the best of my/our knowledge and belief the answers and particulars given on the form are true and complete, and that I/we have not withheld any material information. I/we understand that failure to disclose such information may result in claims not being met.

I/We undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract of insurance. A Material Fact is one which an insurer would regard as likely to influence their assessment and acceptance of this insurance. **If you are unsure what to disclose, you should contact your adviser immediately.**

I/We understand that this form, together with any other information supplied, shall form the basis of the contract of insurance.

Signature

Please print name

Date

Position



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