

PLEASE COMPLETE IN FULL

Important

Please answer the following questions and complete in block capitals. If there is insufficient space to complete any answer, please continue at the end of this form or on a separate sheet of paper.

Insurance will be provided in accordance with and be based upon the information given in this declaration and any information separately advised to Travelers Insurance Company Limited by your insurance broker in support of this proposal form. Whilst we ask for your website address this in no way derogates from your duty of utmost good faith in answering this proposal form. Even if some or all of the answers can be given by reference to your website, you should nonetheless set out your full answers here and also provide us with any other material information.

The completion and signature of this proposal form does not bind the proposer or Travelers Insurance Company Limited to complete a contract of insurance.

Please refer to the policy wording for details of the cover provided.

General information	<i>Please answer all questions</i>
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<p>1. Full name of proposer including trading names if any (if not a limited company include full names of partners) <i>NB Include any subsidiary companies for which cover is required</i></p>	
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<p>2. (a) Registered address</p>	Postcode
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<p>(b) Correspondence address <i>(if different from the above)</i></p>	Postcode
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Occupied as	
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(c) Website address	
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(d) Telephone number	
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(e) Fax number	
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<p>3. Business description <i>(to appear on the policy)</i></p>	
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4. In order to comply with the requirements of ELTO (the Employers' Liability Tracing Office), please provide the Employer Reference Number (ERN) for each entity requiring to be insured for Employers' Liability, including all subsidiary companies. The number must be noted in the following format: nnn/xxxx

	Entity name	Registered address <i>(if different from above)</i>	ERN
	Entity A		/
	Entity B		/
	Entity C		/

5. Cover required	From		To	
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Important

It is necessary for you to inform us of all the facts which are likely to influence us in acceptance or assessment of your insurance. Failure to do so could invalidate your insurance. If you are in doubt whether any fact may influence us you should disclose it.

Declaration

Must be signed by a Principal/Partner/Member/Director or functional equivalent

I/We declare that to the best of my/our knowledge or belief, the statements and particulars given in this proposal and in my insurance broker’s submission are true and complete and that no material facts that are likely to influence the acceptance and assessment of this proposal have been withheld. (If you are in any doubt as to whether a fact is material, you should disclose it.)

I/We agree to inform Travelers Insurance Company Limited of any change to any material fact.

I/We also declare that if any information on this proposal has been written by another person on my/our behalf, that person acted as my/our agent for that purpose.

I/We agree that this proposal and declaration and the Insurance Advisor/Agent’s submission shall be the basis of the contract between me/us and Travelers Insurance Company Limited.

I/We also declare that no insurer has ever declined a proposal, declined to pay a claim in full or in part, cancelled or declined to renew my/our insurance or invited renewal at special terms.

I/We declare that no partner or director has ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence or “spent” conviction as allowed for under the Rehabilitation of Offenders Act 1974, been declared bankrupt whilst being a director of a company that went into liquidation, receivership or administration or been disqualified from being a director.

I/We declare that I/we have not suffered any loss/damage or incurred any liability (whether insured or not) as a result of the risk(s) for which cover is now required, or know of any incident which is likely to give rise to a loss that has not already been declared to Travelers Insurance Company Limited.

Signature of the proposer
(Principal/Partner/Member/Director or functional equivalent)

Print name and position held

For and on behalf of
(Insert name of Company/Firm)

Date

NO COVER IS IN FORCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE PREMIUM PAID, EXCEPT AS PROVIDED BY AN OFFICIAL COVERING NOTE ISSUED BY THE COMPANY.

PLEASE RETAIN A COPY OF THIS COMPLETED PROPOSAL FORM FOR YOUR RECORDS.

Using personal information

Personal information which you supply to us may be used in a number of ways, for example:

- when considering an application;
- in conducting our relationship with you;
- underwriting insurance coverage;
- managing any policy issued;
- preventing and detecting fraud;
- providing risk management advice; and
- administering claims.

We may pass the information to members of the Travelers group, our reinsurers, professional advisers, loss adjusters or agents for these and other lawful purposes or as required by law, including providing the information to government or regulatory authorities. This may involve its transfer to countries which do not have data protection laws equivalent to those in the United Kingdom in which case we shall ensure that the information is appropriately protected. We may also share the information with, and obtain information about you and/or your employees or agents from, credit reference agencies and/or fraud prevention agencies.

For further information on how the information is used, how we maintain security of the information, and your rights to access information we hold on you and/or your employees and/or agents, please contact the Company Secretary at Travelers Insurance Company Ltd, Exchequer Court, 33 St Mary Axe, London EC3A 8AG or see our Privacy Policy at travelers.co.uk.

By making an application for insurance you agree that all persons to whom the information relates consent to the processing and transfer of information described in this notice. You also confirm that you have taken all necessary steps to inform them of disclosure of information to us for the purposes described above.

Motor Insurance Database

If we issue a policy to you which also provides motor cover, information relating to your insurance policy will be added to the Motor Insurance Database ("MID") managed by the Motor Insurers' Bureau ("MIB"). MID and the data stored on it may be used by certain statutory and/or authorised bodies including the Police, the DVLA, the DVLANI, the Insurance Fraud Bureau and other bodies permitted by law for purposes not limited to but including:

- I. Electronic Licensing;
- II. Continuous Insurance Enforcement;
- III. Law enforcement (prevention, detection, apprehension and or prosecution of offenders);
- IV. The provision of government services and or other services aimed at reducing the level and incidence of uninsured driving.

If you are involved in a road traffic accident (either in the UK, the EEA or certain other territories), insurers and or the MIB may search the MID to obtain relevant information.

Persons (including his or her appointed representatives) pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID.

It is vital that the MID holds your correct registration number. If it is incorrectly shown on the MID you are at risk of having your vehicle seized by the Police. You can check that your correct registration number details are shown on the MID at www.askmid.com

Please use this space to disclose any further relevant information or if there is insufficient space available to answer any of the questions fully, clearly identifying the question number in each case.