

REQUEST FOR COVER

Please read and complete ALL the following sections:



MotorTrade Solutions
MOTOR TRADE MADE EASY

RISK DETAILS

Agent Name Agent Postcode

Proposer Name Agent Tel No

Proposer Address (inc Postcode)

Effective Date/Time* Quoted Premium £

Cover Required COMP TPF&T TPO LIABILITY COMBINED

No of Persons (inc Policyholder) Indemnity Limit

Payment Method FULL NET MOTOR TRADE SOLUTIONS DIRECT DEBIT

CREDIT/DEBIT CARD PAYMENT – Card is: AGENT/BROKER'S CLIENT'S

Card Number Expiry date

Issue Number (Switch) Total to be debited £

Name as it appears on card

MID NOTIFICATION – List all vehicles owned / for sale (Not applicable for liability)

Failure to provide vehicle details will delay policy inception. Please attach a separate sheet if necessary.

Make / Model	Registration Number	Date Purchased	Owned /For Sale

DECLARATION

I/we confirm:

- The instruction to proceed with cover as shown above;
- I/we have collected at least 25% of the premium;
- I/we will pay the full premium to Motor Trade Solutions within 14 days of inception. If payment is by Direct Debit, I/we will forward 25% of the premium with a signed Direct Debit Mandate within 14 days of inception. NOTE: Direct Debit Applications received more than 14 days after inception will be rejected.
- I/we accept that the above is in accordance with Motor Trade Solutions' Standard Terms and Conditions;
- I/we accept responsibility for any Time on Risk charge;
- I/we have read and agree to abide by the above.

NEXT STEP

Fax this back to the Sales Department on 08707 87 87 50.
Upon receipt, cover will be arranged and a Covernote will be dispatched to you.

***PLEASE NOTE THAT WE ARE UNABLE TO GUARANTEE THE PRECISE EFFECTIVE TIME/DATE OF INCEPTION. WE WILL PROCESS ALL REQUESTS AS SOON AS WE ARE ABLE. COVER IS ONLY EFFECTIVE FROM THE TIME/DATE SHOWN ON OUR CONFIRMATION/COVERNOTE.**

SIGNED _____ **POSITION** _____ **DATE** _____