

# RENEWAL 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)

Policy Number

Renewal Date  Renewal Premium £

Cover Required  COMP  TPF&T  TPO  LIABILITY  COMBINED

No of Persons (inc Policyholder)  Indemnity Limit

Payment Method  FULL NET PREMIUM  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 renewal. If payment is by Direct Debit, I/we will forward 25% of the premium with a signed Direct Debit Mandate within 14 days of renewal. NOTE: Direct Debit Applications received more than 14 days after renewal 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.

**SIGNED** \_\_\_\_\_ **POSITION** \_\_\_\_\_ **DATE** \_\_\_\_\_