

Marketinsure Starter - £10m



Please answer all questions in full, failure to do so will lead to delays in processing the form.
Tick the appropriate boxes and provide other information as requested. Please use **BLOCK CAPITALS**.

(Mr/Mrs/Miss/Ms/Dr.)Name(s) (to appear on documents).....

Address of Proposer

Postcode..... Tel No..... Mobile.....

Email Address..... Inception Date

Trading Name (if applicable)..... Website.....

Goods Sold:.....

Number of Staff..... Employers Reference Number.....

Would you prefer for us to send everything to you by email or post where possible?

1. Do you offer a direct delivery service to customers? **Yes/No**
2. What is your Estimated Annual Wage Roll?
3. What is your Estimated Annual Turnover?
4. Do you sell anywhere other than markets? (e.g. online, wholesale, shop, other) **Yes/No**
- 4b. If yes, please advise where/how and estimated annual turnover

5. Do you purchase your stock from a wholesaler in the EU? **Yes/No**
If not, please advise where you obtain your stock

6. Has any insurer ever declined or refused to renew your insurance, increased, the premium, modified the cover or made special stipulations? **Yes/No**

- 6b. In respect of any risk to be covered by this insurance, give details of any claims made against you in the last five years or state none
- If 'Yes', give details and state which insurer

7. Have you or any person directly connected with the ownership or management of the business ever been:

(a) convicted of arson, fraud, theft, receiving stolen goods or any other act of dishonesty? **Yes/No**

(b) prosecuted for breach of health & safety? **Yes/No**

(c) declared bankrupt or subject to a County Court Judgment? **Yes/No**

If 'Yes', give details

DECLARATION

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misinterpretation of a material fact may entitle the Insurer to void the Insurance. (N.B. A material fact is one likely to influence acceptance or assessment of this proposal by the Insurer: if you are in any doubt as to what constitutes a material fact you should consult G.M. Imber & Sons Ltd.)

SIGNATURE:.....DATE:



If selecting this method of payment please don't forget your signature authorising its use. If paying by debit card the issue number is required (if applicable).

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| I authorise you to charge my credit/debit card - account number: | |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Amount: £ | |
| Card Valid From | Valid To |
| <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |
| Issue Number | Security Number |
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Signature | |

THANK YOU

**Tel: 01342 327250 Fax: 01342 323826 Email: info@gmisl.co.uk
77a High Street, East Grinstead, West Sussex, RH19 3DD**

MARKETINSURE STARTER

LIABILITY INSURANCE FOR MARKET TRADERS

Price: £104 per annum (including our fee of £33.44)

Underwritten by: Syndicate DTW1991 at Lloyd's

Cover:

This policy covers UK Domiciled traders anywhere in the EU for:

| | |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Public Liability: | Covers legal liability to third parties for personal injury or damage to their property. £10,000,000 limit of indemnity each and every claim |
| Products Liability: | Covers legal liability arising from the sale or supply of products including food and drink. £10,000,000 limit of indemnity in one policy period |
| Employer's Liability: | Covers legal liability for injury, death or disease sustained by employees at work. £10,000,000 limit of indemnity any one claim. |
| Excess: | £250 Third Party Property Damage Only |

Exclusions:

- 1) Manufacture, sale or supply of pharmaceuticals of any description other than propriety branded medicines not requiring a doctor's prescription.
- 2) Manufacture or sale or supply of safety critical auto products.
- 3) Manufacture or sale of counterfeit goods.
- 4) Manufacture sale or supply of weapons and combat equipment.
- 5) Tattooists (other than henna tattoos) and body part piercing
- 6) Delivery and installation
- 7) Operators of amusement rides, simulators and inflatables.
- 8) Craft Fair operators, event organizers and the like
- 9) Non propriety branded skin care products, soaps, bath bombs and the like
- 10) Wood turners and Metalworkers – refer
- 11) Saddlery and any products relating to riding animals.
- 12) Products for animals that are not intended for domestic use for pets.
- 13) Mobility scooters and mobility aids other than walking sticks.
- 14) Repair or sale of Bicycles, scooters, go karts and similar items .
- 15) Anyone with over £25,000 of online sales per annum.
- 16) Anyone with over £5,000 of wholesaling per annum.

Frequently Asked Questions:

Q. What is my Employer Reference Number (ERN)?

A. *If you arrange payment for wages through a PAYE scheme your ERN or PAYE number is your reference with HMRC.*

Q. Where can I find my ERN?

A. *This number can be found on an Employer Payment Booklet, P45, P60, P11/D and sometimes on payslips. Also, if you use an accountant they should be able to provide the details.*

Q. Do I need an ERN?

A. *No but if you do have one we require to know it. If you are a limited company and have not advised you are exempt it will delay us processing your insurance.*

Q. I don't have a Company Registration Number or Trading Name, what do I put?

A. *Please mark the form N/a (not applicable) if you do not then it does not prevent you purchasing insurance through us!*