

Insurance Corporation Motor Traders policies are modern in concept and designed to meet the needs of today's Motor Traders. The following is only a summary of Insurance Corporation's Motor Traders Policy. Full information about the terms, conditions and exceptions will be supplied on request.

Sections 1, Material Damage and 8, Public Liability are Compulsory, however all other Sections are optional.

Section 1. Material Damage

Cover is provided on an All Risks basis and includes the following:-

- Damage to your own customers' vehicle in or on the premises, including the private premises of the Insured, his directors, partners or employees.
- Damage to Forecourt Facilities.

- Cover on Stock in Transit (excluding vehicles).
- Theft cover following forcible and violent entry or exit (but this restriction does not apply to theft of an insured vehicle).
- Replacement of locks following Theft of keys from your own premises, or home, up to £500.

Section 2. Business Interruption and book Debts

Following damage to your buildings or their contents your trading is likely to be interrupted and your business may be put to considerable additional expense.

Cover is provided on an All Risks basis:-

- Loss of Gross Profit as a result of a reduced level of trading.
- Reasonable expenses necessarily incurred to maintain trading and reduce the loss of Gross Profit such as the costs of renting and setting up temporary premises.

resulting from loss or damage covered under **Section 1. Material Damage.**

- Denial of access to the premises as a result of damage to property in the vicinity.

- Book debts and additional expenses incurred in tracing them following destruction or damage to business records.
- Damage to suppliers' premises. Percentage Limits which apply to the Gross Profit Sum Insured or Estimated Gross Profit are:-

motor vehicle manufacturers	- 25%
motor fuel suppliers	- 12.5%
premises other than those occupied by the Proposer where new vehicles are stored	- 10%

Cover in respect of Gross Profit can also be provided on a Declaration-linked Basis.

Section 3. Money

Cover is provided for loss of money whilst in transit, on the premises or in the home of the Insured or any employee of the Insured.

Limits can be tailored to individual requirements.

Cover also includes:-

- Personal injury and damage to clothing and personal effects as a result of robbery or hold-up.
- Wrongful conversion.

Section 4. Refrigerated Stock

Cover is provided against deterioration of foodstuffs whilst contained in refrigeration units up to 10 years old.

Section 5. Employers Liability

Cover is for liability in the event of injury to any employee. The indemnity provided is £10 million.

Cover in respect of injuries to Working Partners or Proprietors and Retrospective Liability can also be provided.

Section 6. Engineering

Cover is provided in respect of:-

- Explosion or Collapse of Boiler and Pressure Plant.
- Breakdown of Electrical, Mechanical, Lifting and Handling Plant.
- Inspection Services.

Section 7. Personal Accident

Cover is available for you and directors, partners and employees of the business.

In the event of bodily injury the following benefits are available:-

- **Death** - the capital sum you select
- **Loss of Limbs or Sight or Permanent Total Disablement** - double the Death benefit

- **Temporary Total Disablement** - the weekly benefit you select
- **Temporary Partial Disablement** - 50% of the Temporary Total Disablement benefit

NOTE: Weekly benefits are payable up to a maximum period of 104 weeks.

Section 8. Public Liability

Cover is provided against legal liability for damages and the claimant's costs and expenses incurred in respect of injury to persons and damage to property happening in connection with the business. No financial limit applies to occurrences resulting in bodily injury other than losses arising directly or indirectly from Pollution or Contamination where the limit in respect of Injury, Damage or Financial Loss during any one Period of Insurance amounts to £2 million. A limit of indemnity of £1 million applies to other losses.

Cover includes Injury or damage arising from Repair, Servicing or Maintenance.

Optional Additional Covers.

- Products Liability.
- Legal Liability to pay compensation in respect of goods sold not of a Merchantable Quality.

Section 9. Road Risks

Provides Comprehensive cover in respect of vehicles in your custody or control on the road. As an alternative restricted Third Party Fire and Theft or Third Party Only covers are available.

Other features are:-

- Breakage or windscreens will be paid in full, regardless of any excess, and will not affect your No Claims Discount.
- Third Party Liability for injury to persons including passengers - no financial limit for damage to property - up to £1 million caused by your vehicles or those in your custody or control on the road

This cover includes passengers' acts of negligence.

Cover also includes your legal liability for loss of use of customers' vehicles following damage insured by the policy.

- Cost of Legal Defence - Unlimited cover for the costs of legal representation at an inquest or in court following an accident, including the costs of defending a charge of manslaughter or causing death by dangerous driving.
- Emergency Treatment fees as required by the Road Traffic Acts. Payment will not prejudice No Claims Discount.
- No Claims Discount - the scale of allowance is:

One year without claim	10%
Two years without claim	20%
Three years without claim	30%

Where the No Claim Discount is 30% a single claim in any one period of insurance immediately following will reduce the Discount to 20% not to Nil.

OPTIONAL COVERS AVAILABLE

- Demonstration Risks permit customers to test drive vehicles provided they are accompanied by one of your employees.
- Vehicles loaned or hired to customers whilst their vehicle is in your hands for service or repair.

COMPULSORY ACCIDENTAL DAMAGE EXCESS

The first amount of any claim for damage to the vehicle (other than by fire, lightning, explosion or theft) stated below is not covered whilst is in the charge of any person who:-

- | | | |
|---|---|------|
| a) is under 21 years of age. | } | £200 |
| b) is under 25 but not under 21 years of age or has not held a full licence for the class of vehicle for 12 months. | | |
| c) does not hold a licence to drive but is driving in circumstances where a licence is not required by law. | } | £100 |

NOTE: Some vehicles and/or drivers may be subject to a compulsory excess in addition to the automatic excess for young and inexperienced drivers shown opposite.

VOLUNTARY ACCIDENT DAMAGE EXCESS

Your premium may be reduced if you choose to pay the first part of each vehicle damage claim.

MOTOR TRADERS PROPOSAL PROPOSAL FORM



IMPORTANT: It is an offence under the ROAD TRAFFIC ACT to make a false statement or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance and great care must be taken to ensure that this information is completed correctly in every particular.

PLEASE USE BLOCK LETTERS THROUGHOUT AND TICK APPROPRIATE BOXES.
PLEASE INITIAL ANY ALTERATIONS.

Premium	<input type="text"/>	Broker/Agency	<input type="text"/>
Broker/Agent	<input type="text"/>		
Quote Ref	<input type="text"/>		
OFFICE USE ONLY			
Policy No	<input type="text"/>		
Authorised	<input type="text"/>		

Trading Name of Proposer

Directors/Partners' full names where not shown above

Postal Address
 Postcode:

Situation of all Premises

Business Telephone No. Website address

Full description of business activities
(N.B. All business carried out by you at the Premises should be included)

Period of Insurance: From: To:

GENERAL Where space is insufficient use supplementary information area at the end of this proposal.

- Do all your buildings have walls of brick, stone or concrete and roofs of slate, tile, concrete, metal or asbestos? Yes No
If 'NO' give details.
- Are your premises heated in whole or in part by a paraffin waste oil or LPG (liquified petroleum gas) appliance or system? Yes No
If 'YES' give details.
- Are you the sole occupier of the premises? Yes No
 - Are the premises occupied at night by the Proposer a Director or Partner or a member of their families or any employees of the Business? Yes No
If 'NO' give details.
- Are records of stock purchase and sales kept? Yes No
- Are you a member of any motor trade association? Yes No
If 'YES', which.

6. Are your books regularly audited? Yes No

If 'YES', give name and address of your auditors.

7. Are any additional interests such as Bank, Mortgagee, Freeholder or Lessor to be endorsed on the policy? Yes No

If 'YES', give details.

8. How long have you been in the business?

a) in these premises years (b) elsewhere years

9. a) Have you, any director or partner (whether under a current or previous trading name or interest) or ANY PERSON who to your knowledge will drive the vehicle(s) been convicted of any offence involving dishonesty of any kind e.g. fraud, robbery, theft, handling of stolen goods or is any such prosecution pending? Yes No

b) Have you or has any director or partner or employee in the last 5 years traded in another name? Yes No
If 'YES' give details.

10. No claim discount - are you entitled to this in respect of a Motor Trade Insurance? Yes No

If 'YES' please attach previous insurers' renewal notice. (Photocopies are unacceptable).

Insurance History

11. Have you or has any director or partner (whether under a current or previous trading name or interest) held insurance in the last 5 years for any risks against which you wish to insure? Yes No

If 'YES',

a) State name of previous insurer(s) and policy number(s).

b) Has any such previous insurer declined a proposal, refused to renew a policy or imposed special terms or conditions for any of the risks against which you wish to insure? Yes No

If 'YES', give details.

Claims Details

12. Has any vehicle owned by you or in your custody or control, including Commercial Vehicles and Motor Cycles, in the past three years been involved in any accident or suffered any loss? Yes No

13. Have you suffered any accidents, loss, destruction or damage or made a claim in the last 5 years, occurring
a) in the course of the business other than as mentioned in 13, b) & c) below or 14? Yes No

b) as a result of repair, servicing or maintenance work on customers' vehicles? Yes No

c) in connection with the sale or supply of goods? Yes No

14. Have you had any claim made against you by any employees or other parties? Yes No

If you have answered 'YES' to any question give details in the schedule below:-

Date	Cost (Paid or Estimate)	Nature of Payment	Brief Details of the Incident (Including name of driver where appropriate)

Section 1 - Material Damage

Situation A

Situation B

	Sums Insured	
	Situation A £	Situation B £
1. Building (including landlord's fixtures and fittings, outbuildings, walls, gates and fences).		
2. Stock and materials in trade belonging to you or for which you are responsible.		
3. Vehicles the property of or leased in by you or held by you on consignment.		
4. Customers vehicles in your custody or control.		
5. Business Equipment (including fixtures, fittings, furniture, machinery, fixed glass and its framework, external blinds and signs, Forecourt Facilities and all other Contents).		
TOTAL		

Base your Sums Insured on:

Full rebuilding cost plus an allowance for inflation and architects', surveyors' and legal fees, removal of debris and States or local authority costs.

Full replacement value of all property owned or held in trust for which you are responsible.

6. State maximum value of vehicles left in the open (i.e. not kept in a locked building)

 £

7. Tick box OPTION for required

Option A - Stock declaration basis

8. Please indicate below the amounts in each category included within your Stock Sum Insured.

Tobacco and cigarettes £

Radio, Audio and Television Equipment £

Batteries £

Video equipment (including cassettes or discs) £

Tyres £

Fuel £

Wines and Spirits £

Section 2 - Business Interruption and Outstanding Debit Balances

1. Tick box for maximum indemnity period required 12 months 18 months 24 months Other mths
please specify
2. Basis of cover. Select either A or B.
- A. Gross Profit - Sum Insured Basis**
If selected please state
Sum Insured on Gross Profit. If a longer maximum indemnity period than 12 months is required the Gross Profit sum insured must be adequate to cater for the period selected. £
- B. Gross Profit - Declaration Linked Basis**
If selected please state
- a) Estimate of annual amount of Gross Profit £
- b) Insured amount on Gross Profit (as (a) above unless the maximum indemnity period exceeds 12 months where the figure must be proportionately increased e.g. if 24 months the figures should be doubled) £
3. a) State name and address of your accountants.
- May we apply directly to them for figures to establish the adjustment of premium? Yes No
- b) When does your financial year end?

4. Suppliers Extension. Is cover to include interruption following damage at suppliers premises required? Yes No
- Please provide details of suppliers if cover is required.
- | Name and Address |
|----------------------|
| <input type="text"/> |
5. Outstanding Debit Balances - Is cover required? Yes No
- a) Sum Insured - Outstanding Debit Balances
- b) When records are not in use are they kept in fire-resisting safes or cabinets? Yes No

Section 3 - Money and Wrongful Conversion

Including cash, bank notes, cheques, credit company sales vouchers, postal orders and postage stamps
Cover is automatically provided

- i) up to £250,000 for crossed items i.e. cheques, girocheques, bankers' drafts, postal orders and other non-negotiable items.
- ii) up to £250 for money not in locked safe in the premises outside business hours.
- iii) up to £500 in the dwelling of the Proposer or any other person to whom money is entrusted.

1. State estimated amount in the next 12 months of

- a) Money paid into the bank (but excluding crossed cheques) £
- b) Money drawn from the bank and wages and other expenses if paid directly out of takings £
- c) In the event of a loss could you identify the source of all crossed cheques and credit card vouchers? Yes No
If 'NO' state estimated amount in next 12 months of crossed cheques and credit company sales vouchers where the source cannot be identified £

2. State limits required for cash bank notes and open cheques

- a) in locked safe in the premises outside business hours £
- b) Any other money (e.g. in transit or on the premises during business hours) £

3. Is money carried by a security company

Yes No

If 'YES' state

- a) Name of security company
- b) Estimated annual carryings £
- c) Is cover required for this money when in the custody of the security company? Yes No
If 'YES' attach copy of security company contract conditions

4. Is there a safe or strongroom in which money is kept?

Yes No

If 'YES' state

- a) Make and model
- b) Serial letter and number
- c) Dimensions
- d) Whether secured in accordance with the manufacturer's instructions Yes No

N.B. Keys (or combination codes) must be removed from premises outside business hours

5. If you require personal injury benefits larger than £5,000 for death or permanent disablement and £50 per week for temporary total disablement state amounts required

£
£ per week

6. Wrongful Conversion (Only available to subscribers to H.P. Information Limited) Is cover required?

Yes No

If 'YES', please complete questions below

- a) Estimated annual amount paid by you for second-hand vehicles including allowances made for part exchange £
- b) Increased limit of Indemnity if required £10,000 £15,000 £20,000 £25,000
- c) Do you keep accurate records of all purchase transactions for second-hand vehicles? Yes No

Section 4 - Refrigerated stock

(Refrigerators up to 10 h.p. only - maximum age 10 years)

1. State

Item No.	Description of Refrigerator(s)	Age	Sum Insured £

2. Are your refrigerators the subject of a current manufacturer's guarantee or warranty or a maintenance contract with a competent refrigeration engineer or an insurance policy covering breakdown or an inspection contract with an insurer?

Yes No

Section 5 - Employers Liability

1. Please provide estimated annual wages, salaries and other earnings (including overtime), bonus and other payments in kind or money, received by all persons working under contracts of service (including directors) or any person supplied to or hired or borrowed by the Proposer before deduction for States Insurance, income tax, holidays with pay or contributory pensions.

Description of Employees	Estimated Annual payment £
Clerical, administration, sales and managerial employees not engaged in manual labour	
Motor engineers	
Bodyshop panel beaters and paint sprayers	
Storemen, drivers, forecourt attendants and all other manual employees excluding those mentioned above	

2. Tick box for options required

Option 1 - Injury to working partners or proprietors

Option 2 - Retrospective liability

If option 1 is selected, please provide estimated earnings etc. (as described above) in respect of Proprietors or Partners

Type of Work Undertaken	Estimated Annual payment £

3. What was the total of actual wages paid during last financial year?

4. Date your last financial year ended

Section 6 - Engineering

1. If cover is required, please complete the boxes below indicating the categories, quantity of each item and precise cover required.

- Damage - Boiler and Pressure Plant - Explosion or Collapse (as defined in the Policy)
 Electrical and Mechanical Plant - Breakdown (as defined in the Policy)
 Lifting and Handling Plant - Breakdown (as defined in the Policy)

Item description	Quantity	Inspection	Please Tick
			Damage
BOILER AND PRESSURE PLANT			
Air/Oil Receivers and Vessels			
Steam/Hot Water Cleaners			
Other Boiler Plant			
Heating Installations Excluding Electrical Plant			
ELECTRICAL AND MECHANICAL PLANT			
Motor & Compressors			
Gas/Oil Burners			
Battery Chargers			
Other Electrical Plant			
Space Heaters			
Welding Transformers			
LIFTING AND HANDLING PLANT			
Vehicle Lifting Platform			
Passenger/Goods/Carlifts			
Breakdown Cranes			
Trolley Jacks			
Runways			
Manual Chain Blocks			
Portable Cranes			
Fork Lift Trucks			
Miscellaneous Lifting Tackle (Sling, Eyebolts, etc.)			
Gantries			
Electric Hoist Blocks			

2. Do you require inspection of the Electrical Installation in your Premises

a) in its entirety?

Yes

No

b) to comply with Petroleum Legislation

Yes

No

Section 7 - Personal Accident (age limit 16-65)

1. Persons to be insured

Name	Date of Birth	Nature of Duties	Death (Benefit 1)	Temporary Total Disablement (Benefit 2)

2. Do you wish to exclude an initial period of temporary disablement? Yes No
 If 'YES' tick box for excluded period required 2 weeks 4 weeks
3. Are any of the persons to be insured engaged in any occupation other than the business? Yes No
4. Are any of the persons to be insured suffering from a disability or not in good health? Yes No
5. Have any of the persons to be insured been involved in any accident causing disability in the last 3 years? Yes No
- If you have answered 'YES' to any Questions 3-5 give details below.

Section 8 - Public Liability

1. State total estimated annual wages and salaries to be paid in the following categories including earnings of principals or directors during the period of insurance.

Clerical £ Sales £ All others £

2. Are your premises in a good state of repair and your plant and machinery properly fenced and guarded? Yes No
 If 'NO' please give details.

3. Are your lifts, cranes, hoists, boilers, steam containers and other pressure vessels inspected to comply with all statutory requirements? Yes No
 If 'NO' please give details.

Additional Covers

4. Is cover required for any of the following? Yes No

- a) Goods Sold or Supplied Yes No

If 'YES' please state indemnity limit required

(£2,000,000 minimum recommended) and estimated annual sales in the following categories

£

New Vehicles

£

Second-hand

£

Petrol and Oil

£

Other Items (excluding spare parts and accessories)

£

- b) Merchantable Quality (only available if goods sold or supplied cover is effected)

- Limit of Indemnity not exceeding £250,000 any one period of insurance

Yes No

The standard policy includes your legal liability in respect of injury or damage arising from the Repair, Servicing or Maintenance of vehicles but if you wish this cover to be excluded please tick the box

Yes No

(N.B. If this cover is excluded we are not willing to include the Goods Sold or Supplied risk)

Section 9 - Road Risks

NOTE: The following vehicles if they are owned by you or hired to you under a hire purchase vehicle leasing or other agreement are not covered under the Policy and **should not** be entered below. Any insurance required must be separately arranged.
 Employees' Vehicles/privately owned vehicles or Directors or Partners.
 Goods Carrying Vehicles used for hire or reward (use solely for "breakdown" purposes is not deemed to be used for hire or reward).
 Private Hire Vehicles with more than eight seats or Public Hire Vehicles ('Private Hire' means the letting of a vehicle supplied to the hirer direct from the Insured's garage as opposed to 'Public Hire' where the vehicle is permitted to pick up passengers).

1. Please state the number of all Trade Plates in your possession with brief particulars of use (e.g. collection of new cars)

Number of Trade Plates	Use

2. Give details of each vehicle licensed for road use which is owned by you or hired to you under a hire purchase, vehicle leasing or other agreement used in connection with the business or for social domestic and pleasure purposes.

Type of Vehicles	Reg. Mark	Make and Model	Use of Vehicle
(i) Private Hire Vehicles with not more than 8 seats			
(ii) Vehicles used only for recovery purposes			
(iii) Motor Cycles			
(iv) Vehicles owned by you and insured under any other policy			

3. Please state the number of licensed vehicles including those for sale but not included in 2 (above) in use during the forthcoming year and used in connection with the business.

4. Do you

a) hold a new car franchise?
 If 'YES' please give details

Yes No

b) specialise in the sale/repair of sports high performance cars vehicles adapted to increase performance or vehicles of a specification not generally available in the UK?
 If 'YES' please give details

Yes No

c) specialise in the sale/repair of heavy commercial vehicles or coaches?
 If 'YES' please give details

Yes No

5. Voluntary Damage Excess - Comprehensive cover only

Do you wish to reduce your premium by paying the first part of each vehicle damage claim?
 (Other than by Fire, Theft or Breakage of Windscreens)

Yes No

If 'YES', what amount of excess do you require?

£50 £100 £250

N.B. Such amount will apply per vehicle and will be in addition to any compulsory excess. (See Summary of Cover).

6. Give details of all persons who may drive on your business and/or for social domestic and pleasure purposes.

Name	*See below	S.D.P. Use (please 3)		Date of Birth	Date passed CI/UK test	Details of Accidents in the past 3 years		
		YES	NO			Date	Cost	Circumstances

* State relationship to Proposer (D - Director or Partner: E - Employee: R - Relative or Friend: S - Spouse of Proposer)

7. Have you, any director or partner (whether under a current or previous trading name or interest) or has any person who to your knowledge will drive the vehicle(s)

a) in the past 5 years been convicted of any offence in connection with a motor vehicle or is any such prosecution pending? Yes No
 If 'YES' please give details

b) at any time been refused insurance or quoted an increased premium or had special terms imposed? Yes No
 If 'YES' please give details

c) at any time suffered from any heart complaint, diabetes, fits or any other physical or mental infirmity? Yes No
 If 'YES' please give details

8. Additional Covers

Is cover required for any of the following?

- a) Demonstration and Tuition (accompanied/unaccompanied [please delete]) Yes No
- b) Vehicles loaned or hired to customers whose vehicles are in your hands for repair etc. Yes No
- c) Driving for relatives & friends of the proposer Yes No

N.B. Not available for Policies arranged on a Named Driver Basis.

Declaration

Before signing the Declaration please check your answers carefully, particularly if this Proposal Form is not completed in your own hand.

- I/We declare that to the best of my/our knowledge and belief the answers given are true and all material information as explained has been disclosed.
- I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent acting on my/our behalf, and not the agent of Insurance Corporation of the Channel Islands Ltd.
- I/We declare that the Proposal Form is for insurance in the normal terms and conditions of the Insurer's policy and shall be incorporated in and form part of the insurance contract.

Signature of Proposer(s)

Date / /

This insurance will not commence until the insurers have indicated their acceptance of the Proposal. The Insurers reserve the right to decline any Proposal.

Liability of The Corporation does not commence until the Proposal has been accepted by The Corporation and where an appropriate Cover note has been issued. A policy wording is available on request.

Additional Information

If you have answered 'YES' to ANY Questions on this Proposal Form or need to provide further information to help us consider the Insurance see the Important Note and Declaration. Please give full details here or on a separate sheet of paper (attach details). Please state Question number clearly.

Payment Options

Paying for your insurance could not be easier than with the following ways to pay. We offer you the choice of paying Monthly Premiums by Direct Debit, annually by Credit/Debit card, cash or cheque.

- The Direct Debit system is carefully regulated to make sure you are always protected. Full details of safeguards can be found in the Direct Debit Guarantee below.
- Before your Monthly Premiums commence, we will send you a statement which will show the dates on which the Debits are due. Once your Monthly Premiums start, there will be no more forms to fill in - we simply apply to your Bank or Building Society for the Monthly Premiums.
- Monthly Premiums by Direct Debit is the easiest way to pay. Monthly premiums offer you monthly budgeting and no fuss payment through your Bank or Building Society. Your premium will be collected on the same day of each month by Direct Debit from your account.
- Your Monthly Premium will be equivalent of 1/12th of the annual premium, plus a handling charge, currently at 6%. Insurance Premium Tax (IPT) will be applied at the current rate if applicable.



The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amount to be paid or the payment dates change Insurance Corporation of the Channel Islands Ltd will notify you 7 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Insurance Corporation of the Channel Islands Ltd or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please send a copy of your letter to us.

How would you like to pay?

Option 1. Annual Payment by Credit/Debit Card

If you intend to pay by credit card or debit card please complete the following:

Do not send your card

(Card No)

Valid from Date (as shown on card):

Expiry Date (as shown on card):

Switch Issue No. (if shown on card):

Month Year

Card Holder's name (as shown on card) - Please use capitals:

Amount: £

If you require a receipt, please tick:

3 Digit Security Code (last numbers found on Signature Strip)

Option 2. Annual Payment by cash or cheque

Policy Number Premium

BY POST to the address shown above. Cheques should be sent with this form.

Option 3. Monthly Premiums by Direct Debit

Policy Number Premium



Instruction to your Bank or Building Society to pay Direct Debit



Please fill in the form and send to: Insurance Corporation of the C.I. Ltd
P.O Box 160, Dixcart House, Sir William Place, St Peter Port, Guernsey, GY1 4EY

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address

Postcode

Name(s) of Account Holder(s)

Bank Sort Code Bank/Building Society account number

Originator's Identification Number

9 4 0 3 4 2

Reference Number (FOR OFFICE USE ONLY)

Instruction to your Bank or Building Society

Please pay Insurance Corporation Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Insurance Corporation and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts

