

MoversPlus Enquiry Form

Section 1: General Information

Where did you hear about our MoversPlus scheme?

Full trading title of Company (indicate if Ltd):

Full Address:

Postcode:

Full Description of Your Business:

Domestic Transit/Storage

Transit/Storage of Vehicles/Caravans

Archive Transit/Storage

Commercial Transit/Storage (used goods eg surplus office furniture)

Commercial Transit/Storage (new domestic furniture and soft furnishings intended for sale).

If you undertake removal or storage of other new goods/commercial stock please confirm the nature of these goods.

Telephone Number

Fax Number

E-mail address

Renewal Date

Are you a New Venture?

YES NO

If Yes, What experience do you have in the Removals industry?

If No, how long have you been trading

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Current insurers

For how many years have you had an insurance policy in force covering Goods in Transit and/or Storage?"

Current premium

£

What Territories do you operate in?

UK	%
Europe	%
USA	%
Australia	%
Other	%

If other please give details

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Section 2: Contractual and Legal Liability

Please indicate which, if any, of the following trade associations you belong to

BAR National Guild FIRST

Do you undertake all work in accordance with a standard set of terms and conditions issued to you by that trade association?

YES NO

If no, you must provide us with a copy of **all** of the trading term versions as these must be declared to insurers for acceptance

If yes, which of the following conditions do you trade under

FSA Authorised – What percentage of your customers buy insurance from you

 %

Insured Remover – What percentage of your customers require the Insurance Option

 %

Extended/Standard Liability – What percentage of your customers require your Extended/Standard service

 %

If you do not use any of the above trade association terms and conditions, we will issue you with a compliant set free of charge which you must use to protect your legal position.

Our quotation will include an Agreed Trading Terms & Conditions Warranty which you should refer to.

What is your estimated turnover for the next 12 months?

 £

Any Claims occurring or pending in last 3 years?

Year

	No. of Claims	Paid	Outstanding	Total
Current				
Minus 1				
Minus 2				
Totals				

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Section 3: All Risks

Goods in Transit

Goods in transit sum insured Any One Vehicle

£

How many Vehicles are used for removals?

Approximate number of moves carried out in the past 12 months

Current All Risks Excess

£

If you require varying load limits for vehicles of varying carrying capacity please specify as this could reduced your premium:

Goods in Storage

Goods in store sum insured required (if more than one location is used, please give sum insured details for each below)

£

Current All Risks Excess

£

Number of storage locations

Do any of the storage premises have composite Polystyrene or Polyurethane panelling within the walls?

YES NO

Please provide all details you have including the manufacturer, if the panels are external or internal, the core material used and if they have an LPC/LPCB rating.

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Full Details of Storage Location(s):

Location 1

Address of premises

Postcode

Method of Construction

Year premises built

Please confirm type of Roof

Pitched Multi pitch with valley gutters Flat Other-specify

How long have you operated from this premises?

When was the electrical wiring last tested?

Method of heating at the premises

If you have pest control in force who does this and how often?

Please provide full details of the perimeter security, door and window locks, intruder alarm including method of signalling, internal/external CCTV system including method of recording or monitoring (a discount of premium may be available for these)

Please provide full details of all fire protections in place, i.e. extinguishers, fire alarm including method of signalling and if it incorporates smoke or heat detectors, sprinkler system.

Distance from nearest water hydrant?

Is there any storage in the open?

YES NO

If yes, please give full details regarding type of storage and security measures in place:

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Are you the sole occupant of the entire building?

YES NO

If No, please give details of other occupants:

Do you or your customers undertake anything other than storage in your area of the premises?

YES NO

If Yes, please provide details of all other activities:

Has the premises ever suffered from a claim or incident involving flood or any water ingress, fire or theft.

YES NO

If Yes, give full details:

Do you have any of the following inside your storage area?

Manhole or Drain Covers Downpipes
 Drains servicing downpipes None of these

Is all storage containerised?

YES NO

If No, please describe non-containerised storage (ie loose storage, storage in bay and indicate a percentage (i.e. 5% loose storage)"

In respect of containerised storage how high are your containers stacked?"

Customer Goods Total Sum Insured

Of the total approximately what sum insured relates to customers goods for which you have only accepted liability at £40/£50 an item as detailed in your terms of trade.

Has a survey of this location been undertaken by an insurer within the last three years and if so could you obtain a copy of the report?

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Claims

Any Claims occurring or pending in last 3 years? Please indicate if any claims are for loss or damage to goods in store as a result of flood, theft, fire or vermin damage. (please tick as appropriate)

YES NO

If Yes, please give full details below:

Year	No. of Claims	Paid	Outstanding	Total
Current				
Minus 1				
Minus 2				
Totals				

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Section 4: DECLARATION

I/We declare that:

I/We have not been prosecuted under any Health & Safety or Environmental Legislation within the last 5 years.

No insurer has ever cancelled, refused to renew or imposed special terms in respect of the covers now proposed.

That I or any Director or Partner has not been convicted of or charged but not yet tried with a criminal offence other than a motoring offence.

I/We confirm that our premises are in an area free from subsidence and/or flooding, and the premises and contents are in a good state of repair and are secure and will be so maintained.

Details of Amendments to this Declaration

I/We confirm that this form has been completed accurately by the company and that all material information has been given. I/We also declare that this MoversPlus Enquiry Form completed by me/us/or on our behalf and details of confirmed claims experience where necessary shall form the basis of the contract between me/us, Pound Gates & Company Limited and the Insurers.

Signed by:

Print Name & Position:

Date:

Completed by (please tick as appropriate)

Statement of fact by client Employee of Pound Gates & Co Ltd