

INSURANCE APPLICATION FORM

Cover required **Public and Products Liability cover** **Yes / No**
Cover required **Public, Products and Employers Liability cover** **Yes / No**

BLOCK CAPITALS PLEASE

PROPOSED NAME FOR CERTIFICATE: Mr/Miss/Mrs.....

NAMED BUSINESS PARTNER:

ADDRESS:

.....

POSTCODE:

EMAIL ADDRESS:

TRADE NAME IF ANY:

MAIN MARKETS WORKED:

COMMODITIES/GOODS SOLD:

TELEPHONE NUMBER:

MOBILE NUMBER:

(ALL OF THESE QUESTIONS MUST BE COMPLETED)

Have you, in respect of the cover to which this proposal relates, had insurance declined, cancelled, refused renewal or subject to special terms? YES NO

Have you been convicted or charged with a criminal offence (excluding motor) or been declared bankrupt or insolvent? YES NO

Have you had within the last 5 years any employers, public or products liability claim whether insured or not? YES NO

Please advise maximum number of employees to be covered at any one time by Employers Liability Insurance

IF YES TO ANY OF THE ABOVE, PLEASE GIVE DETAILS

.....

.....

No cover is operative until this application has been accepted and cover only applies to one stall per market

SIGNATURE :	DATE :
--------------------------	---------------------

Fold
<<<
Here

COMBINED MARKET TRADERS INSURANCE ASSOCIATION

Fold
>>>>
Here

Please fold paper and place this address in the window of envelope.
Using the freepost address can take up to 5 days.

Send to: **WENDY FAIR MARKETS LTD**
FREEPOST (SCE 13464)
RUISLIP
HA4 7BR

NO STAMP REQUIRED