

C.M.T.I.A. Limited
(Combined Market Traders Insurance Association)



C.M.T.I.A. Ltd
2 Woodford Trading Estate
Southend Road
WOODFORD GREEN
IG8 8HF
Tel: 0208 102 9400
Email: enquiries@cmtia.co.uk

APPLICATION FORM

Public & Product Liability Cover £5,000,000 - £59.00 (this includes £8.00 admin charge and 12% insurance premium tax)
Employers Liability Cover £10,000,000 - £28.00 (this includes 12% insurance premium tax)
Cover against acts of Terrorism £5,000,000 (applicable to Employers Liability Only)
Public/Products Liability £5,000,000 any one occurrence and in the aggregate in respect of Products Liability and Pollution claims.
Please make all cheques payable to C.M.T.I.A. Limited

PLEASE COMPLETE IN LEGIBLE CAPITAL LETTERS

FULL NAMES (MAX: 3) AND TRADING NAME (IF ANY) FOR CERTIFICATE:

MR/MRS/MISS/MS _____

HOME ADDRESS: _____

_____ POSTCODE: _____

TEL NO: _____ EMAIL: _____

MAIN MARKET WORKED: _____

PRODUCTS SOLD: _____

Cover cannot be provided for; the sale of new or used car parts, used or second-hand electrical goods (including factory seconds) or E-cigarettes as well as similar type of products and their Accessories. Cover is also not available for the sale of food from mobile vehicles (unless on a fixed licensed pitch). Cover only applies to one stall per market at any one time.

Does your estimated annual income from internet sales (if any) exceed £50,000? **YES/NO**

(The items sold on-line should be the same as the items sold on your stall for on-line cover to be included)

Does your annual turnover exceed £1,000,000? **YES/NO**

If Employers Liability insurance is requested, does your annual gross wage roll exceed £75,000? **YES/NO**

If you have any employee(s) on PAYE, what is your PAYE Employer Reference No.? (ERN)

Has any insurer ever declined or refused insurance cover or declared cover void? And/or refused to renew or cancelled any insurance for **YES/NO**

Any reasons other than non-payment of premium? And/or imposed special conditions?

Have you or any partners been convicted or charged (but not yet tried) with a criminal offence (excluding motor and/or convictions spent under **YES/NO**

the terms of the Rehabilitation of Offenders Act 1974 or any subsequent amendments to the Act.)

Have you or any partners within the last 5 years been the subject of a County Court or High Court judgment (or Scottish equivalent)? **YES/NO**

And/or been disqualified from being a company director?

Have you or any partners within the last 5 years been prosecuted, served prohibition or served an improvement order notice under **YES/NO**

Health & Safety legislation or Environmental protection legislation? And/or been the subject of recovery action by HM Revenue and Customs?

Have you or any partners within the last 5 years ever been declared bankrupt or been the subject of bankruptcy proceedings? And/or been **YES/NO**

the subject of any form of voluntary or compulsory insolvency or receivership, or subject to any voluntary arrangements with creditors?

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

If you have answered "YES" to any of the above please provide full details below, on the back of this form or on a separate sheet of paper

Declaration

Please read this declaration carefully. You should also show the declaration to anyone else who is covered by this insurance.

I/We have read the statement of fact (including the declaration) and any quote documents supplied.

I/We understand that I/we have a duty to make a fair presentation of risk and that all relevant information, which is information that may influence AXA Insurance UK plc in the acceptance of this insurance and the terms provided, has been disclosed and recorded.

I/We declare that all particulars given on this statement of fact, where made by me/us or on my/our behalf are true and complete.

I/We understand that if full and true answers have not been given or if all relevant information has not been disclosed that this insurance may not protect me/us in the event of a claim.

Cover will not be provided until the Proposal has been accepted by Hayes Parsons Insurance Brokers.

START DATE (if specific date is required):

Signed:

Date:

Amount Rec'd: