



AVRO INSURANCE DECLARATION FORM

Policy Holder Company / Trading Name:	
Address Line 1:	
Address Line 2:	
Town:	
County:	
Country:	
Post Code:	

PREMISES: The policy must provide ALL RISK cover for any motor vehicle(s) which are the property of or in the custody or control of the operator for the use in connection with its business operation (own vehicles).
 The policy must cover for customer's vehicles on a full ALL RISK basis.
 The limit for Customers' Vehicles on the premises should be appropriate for the business, i.e. reflect the maximum value at risk at any one premises
 The limit for contents of customers' vehicles and loads should be appropriate for the business needs.
 Commercial loads must be at least on a legal liability basis with an indemnity limit of £250,000 where the operator deals in commercial vehicle recovery

ROAD RISK: The policy must provide comprehensive cover for any motor vehicle(s) which are the property of or in the custody or control of the operator for the use in connection with its business operation. The policy must provide unlimited cover liability in respect of personal injury and no less than £5,000,000 for third party property damage.

LIMITATION: Some policies limit single vehicles to a minimum value on both premises and road risk. The limit should be appropriate for the business needs.

LOSS OF USE: The policy must apply to both premises and road risk on a legal liability basis.

LIABILITY: The policy must include provision of insurance to levels as a minimum of the following, which will apply to both premises and road risk:

Public Liability/Service Indemnity: £5,000,000
 Employers Liability: £10,000,000

In addition, the policy will provide provision for General Indemnity Limit and Service Indemnity Limit of £5,000,000



Insurance Broker Name:	
Address Line 1:	
Address Line 2:	
Town:	
County:	
Country:	
Post Code:	
Contact Name:	
Contact Number:	
Contact E-Mail Address:	

Insurance Company Name:	
Policy Number(s):	
Policy Expiry Date:	

DECLARATION: We, the undersigned, confirm that the requirements stated within the above policy have been met or exceeded and valid insurance cover is in place.

SIGNED:	
PRINT:	
POSITION:	
DATE:	

Broker / Insurance Stamp:	
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PLEASE ENSURE THIS FORM IS RETURNED FULLY COMPLETED