

Version: 4.0
Date: 16th Feb 2022

POLICY CHANGE FORM

Policyholder Name: _____ **Policy Number:** _____

Broker Name: _____ **Email:** _____

Broker Reference: _____ **Broker Phone Number:** _____

MTA Changes:

Effective date _____ **and time** _____ (HH:MM) **of the following change(s):**

1. **Change of Driver(s)**
2. **Change of Cover**
3. **Change of Indemnity**
4. **Stock of Vehicles**
5. **Carriage of Vehicles**
6. **Demonstration**
7. **Policy Cancellation**
8. **Change of Address**
9. **Change of Business Activity**
10. **Green Card**
11. **Other**

Change of Driver(s)

Remove drivers' name(s):

1. _____

2. _____

3. _____

Drivers have 45 days to provide a copy of a valid Photocard Driving Licence and DVLA Summary. Failure to provide these documents will result in the driver being removed from cover.

1. Add drivers' name(s): _____

Full Time Part Time

Details of non-MotorTrade occupation: _____

Is ABU Required: Y N

Date of birth: _____

(drivers under 25 years, or over 74 years, are not permitted)

Address: _____

Address: _____

Address: _____

Postcode _____

Type of driver:

Business Partner/Director

Employee MT & SD&P Use

Employee MT Use Only

Employee MT, SD&P, Cover at home

Spouse

2. Add drivers' name(s): _____

FullTime PartTime

Details of non-MotorTrade occupation _____

Is ABU Required: Y N

Date of birth: _____

(drivers under 25 years, or over 74 years, are not permitted)

Address: _____

Address: _____

Address: _____

Postcode _____

Type of driver:

Business Partner/Director

Employee MT & SD&P Use

Employee MT Use Only

Employee MT, SD&P, Cover at home

Spouse

3. Add drivers' name(s): _____

FullTime PartTime

Details of non-MotorTrade occupation _____

Is ABU Required: Y N

Date of birth: _____

(drivers under 25 years, or over 74 years, are not permitted)

Address: _____

Address: _____

Address: _____

Postcode _____

Type of driver:

Business Partner/Director

Employee MT & SD&P Use

Employee MT Use Only

Employee MT, SD&P, Cover at home

Spouse

Claims made within the last 3 years (maximum of 3 claims, fault or non-fault, otherwise declined)

Driver 1

Date: _____

Fault: Y N

Previous Insurance refused/cancelled/void Y N

Unspent criminal convictions: Y N

Non licenced endorsement convictions

Date: _____

Fault: Y N

Driver has been a permanent UK resident for the past 3 years Y N

Medical Conditions Y N

Date: _____

Fault: Y N

Details _____

Motoring Convictions

Date: _____

Offence Code: _____

Penalty / Disqualification Period _____

Motoring Convictions

Date: _____

Offence Code: _____

Penalty / Disqualification Period _____

Motoring Convictions

Date: _____

Offence Code: _____

Penalty / Disqualification Period _____

Driver 2

Date: _____

Fault: Y N

Date: _____

Fault: Y N

Date: _____

Fault: Y N

Previous Insurance refused/cancelled/void Y N

Unspent criminal convictions: Y N

Non licenced endorsement convictions

Driver has been a permanent UK resident for the past
3 years Y N

Medical Conditions Y N

Details _____

Motoring Convictions

Date: _____

Offence Code: _____

Penalty / Disqualification Period _____

Motoring Convictions

Date: _____

Offence Code: _____

Penalty / Disqualification Period _____

Motoring Convictions

Date: _____

Offence Code: _____

Penalty / Disqualification Period _____

Driver 3

Date: _____

Fault: Y N

Date: _____

Fault: Y N

Date: _____

Fault: Y N

Previous Insurance refused/cancelled/void Y N

Unspent criminal convictions: Y N

Non licenced endorsement convictions

Driver has been a permanent UK resident for the past
3 years Y N

Medical Conditions Y N

Details _____

Motoring Convictions

Date: _____

Offence Code: _____

Penalty / Disqualification Period _____

Motoring Convictions

Date: _____

Offence Code: _____

Penalty / Disqualification Period _____

Motoring Convictions

Date: _____

Offence Code: _____

Penalty / Disqualification Period _____

Change of Cover

	Current	Requested
ADF&T		
TPF&T		
TPO		

Change to Indemnity

Indemnity	Current	Requested
£5,000		
£7,500		
£10,000		
£15,000		
£20,000		
£25,000		
£30,000		
£40,000		
£50,000		

Split Indemnity	Current	Requested
£10,000/£20,000		
£10,000/£30,000		
£10,000/£40,000		
£15,000/£20,000		
£15,000/£25,000		
£15,000/£30,000		
£15,000/£40,000		
£20,000/£30,000		
£20,000/£40,000		
£25,000/£30,000		
£25,000/£40,000		
£30,000/£40,000		
£40,000/£50,000		

Stock Of Vehicles – Cover for Fire and Theft Only applies – Please refer to CV166 for conditions

Annual Indemnity	Current	Requested
£5,000		
£10,000		
£15,000		
£20,000		
£25,000		
£30,000		

£40,000		
£50,000		
£75,000		
Vehicles in locked building	Yes	No
Vehicles in a secure compound	Yes	No

Carriage of Vehicles – Only available for Comp Policies, Note Only Accidental Damage cover applies under this extension

Annual Indemnity	Current	Request
£5,000 - £75,000	£ _____	£ _____

Demonstration

Add Remove

Policy Cancellation

Policy end date: _____ as at 23:59

Change of Home Address For the following driver

Name: _____

From: _____ To: _____

Postcode: _____ Postcode: _____

Change of / add Premises Address

From: _____ To: _____

Postcode: _____ Postcode: _____

Change of Business Activity – Note some activities may incur an additional excess

Please provide details of change

Add Remove

Repossession

Collection & Delivery

Car Breaking

Recovery

Imported – Non High Performance

% of business activity ____%

Imported – High Performance

American/Canadian

Green Card

Policy name and address as above: Y N

Name and address of user of vehicle: _____

Valid from _____ to _____ (Max 30 days)

Category of vehicle:

- A. Car
- B. Motorcycle
- C. Lorry or Tractor
- D. Cycle fitted with auxiliary engine
- E. Bus
- F. Trailer
- G. Others

Type of Cover:

In accordance with the Policy: Y N Registration No. _____

Minimum cover in the country: _____ Make of vehicle: _____

Saloons/Estates

4X4s

Motorised/Attached Caravans

CVs to 3.5 tons

CVs to 7.5 tons

Motorcycles TPO

Motorcycles Full Policy Cover

Recovery Vehicle

MPVs

Vehicles in excess of 7.5 tons are not permitted

Countries you are travelling to, including those you are travelling through:

A – Austria
BG – Bulgaria
CZ – Czech Republic
E – Spain
FIN – Finland
HR – Croatia
IS – Iceland
LV – Latvia
NL – Netherlands
RO – Romania
SLO – Slovenia

AND – Andorra
CH – Switzerland
D – Germany
EST – Estonia
GR – Greece
I – Italy
L – Luxembourg
M – Malta
P – Portugal
S – Sweden
SRB – Serbia

B – Belgium
CY – Republic of Cyprus
DK – Denmark
F – France
H – Hungary
IRL – Ireland
LT – Lithuania
N – Norway
PL – Poland
SK – Slovakia

Green Card covers EU countries only, incl Switzerland. The following countries are not covered:

AL – Albania
BY – Belarus
MA – Morocco
MNE – Montenegro
TR – Turkey

AZ – Azerbaijan
IL – Israel
MD – Moldova
RUS – Russia
UA – Ukraine

BIH – Bosnia and Herzegovina
IR – Islamic Rep of Iran
MK – North Macedonia
TN – Tunisia

Other

Broker MTA Request

Name: _____
Dated: _____

For Insurer Use Only

Quote Ref: _____

Insurers accept the proposed mid-term adjustment as set out above, conditional on the Insured paying the additional premium of £_____.

In addition the following additional Endorsement apply:

Insurers accept the proposed mid-term adjustment as set out above. This change results in a return of premium from insurers to the amount of £_____ payable as soon as reasonably practicable from the effective change.

This quote is valid for 14 days from the date the quote is offered.

Insurers decline to quote the proposed mid-term adjustments as set out above.

On behalf of Faraday MGA LTD

Name: _____

Dated: _____

Broker agrees to Insurers' Offer

Name: _____

Dated: _____

Please send all confirmed mid-term adjustments to TWS.PolicyAdmin@davies-group.com.