

PERSONAL GUARANTEE INSURANCE PROPOSAL FORM



All questions should be completed to the best of your knowledge. Under the Insurance Act 2015 it is your responsibility to disclose all material information in order to make a 'fair presentation of the risk' to insurers.

Failure to answer any questions in the proposal form accurately or to make a 'fair presentation' could affect your policy cover and may lead to claims not being paid, not paid in full, additional terms applied or even the policy being avoided from inception or may result in us being unable to provide a quotation.

All forms should be signed by the appropriate person applying for this Insurance. If you have any queries in the completing of this form, please contact us.

Primary Director that this Policy will be in:

First name:

Last name:

Address:

Postcode:

Telephone:

Mobile:

Email:

Date of Birth: / /

Are there additional Guarantors for this Personal Guarantee? Yes No

If yes, a supplementary 'Additional Directors' form will be required

Company Details

Full Trading
Name:

Registration
Number:

Business type (please select one): Limited company

Limited Liability Partnership

Business
address &
postcode

Business
Description:

Website:

Business industry sector:

How many years has the business been in operation?

Terms only offered for businesses registered in the UK, even if some activity takes place outside the UK.

Guarantee Details

Has the Personal Guarantee been signed yet? Yes No

Financing Facility

Lender Name: Loan amount (£):

What is the loan?

Asset Finance

Invoice Factoring

Commercial Mortgage

Other Secured Business Loan

Invoice Discounting

Unsecured Business Loan

Other *(Please Specify)*

What amount (£) of Personal Guarantee Insurance is required?

Unsecured Loans

(Maximum £300,000)

Secured Loans

(Maximum £400,000)

What is the reason for taking out the finance?

Additional Information eg. Brief description of other loans

Declaration

1. You confirm that the business maintains comprehensive business insurance cover relating to the loss or damage to all physical assets in respect of which the personal guarantee has been given?

YES / NO *If you have selected No, please provide additional information*

2. Have you ever:

2(a) Been declared bankrupt?

2(b) Been disqualified as a Director or been under investigation for disqualification as a Director?

2(c) Been a Director of a business that has gone through an insolvency process? Insolvency processes can include but are not limited to: County Court Judgements (CCJs), Creditors Voluntary Arrangements (CVA), Creditors Voluntary Liquidation (CVL) Winding Up Petitions or Freezing Orders.

2(d) Been a Director of a business that has been under investigation by Customs and Excise or the Inland Revenue

YES / NO *If you have selected Yes, please provide additional information*

3. In the last 3 months have you or the business become aware of:

3(a) Any liability (whether actual, contingent or perceived) which cannot be met within 30 days of the due date from the businesses available cash resources?

3(b) Any one or more debts owed to the business that has become bad or doubtful and which is likely to have a materially adverse effect on the business and its ability to its debts as they fall due?

YES / NO *If you have selected Yes, please provide additional information*

4. Has the business experienced a loss of investor, significant customer or significant supplier in the last 6 months?

YES / NO *If you have selected Yes, please provide additional information*

5. Are you aware of any material information that may have an adverse effect on the business and its ability to meet its obligations over the next 6 months?

YES / NO *If you have selected Yes, please provide additional information*

6. Can you confirm the company is solvent at the time of the declaration?

YES / NO *If you have selected No, please provide additional information*

7. I confirm that the above statements and all other information are to the best of my knowledge

AGREE / DISAGREE *If you have selected Disagree, please provide additional information*

Additional Information

Name:

Position in Company:

Signature:

Date:

Please Return this Form to One Indemnity at hello@oneindemnity.co.uk