



Formations Direct Ltd

Co Reg 4267328 (England) Reg Office 39a Leicester Road Salford M74AS

Commercial Protection Policy

Application Form

Application form (intermediaries may copy for multiple clients or supply details on spreadsheet)

Policyholder's name: _____

Trading name (if different): _____

Company registration number (if relevant, otherwise complete next question instead):

Name of proprietor / partners (if relevant, otherwise complete above question instead):

Address: _____

_____ Postcode: _____

Telephone: _____

Email: _____

Contact name: _____

Business turnover: _____

Annual wage roll: _____

Please read the following carefully and tick ALL boxes. If you are unsure of its content please seek guidance:

- I am not aware of any current or impending enquiry, investigation, disagreement or dispute with HMRC.
- I am not aware of any current or impending enquiry, investigation, disagreement or dispute involving a member of staff.
- I am not aware of any claimable event that is pending or can reasonably be expected to materialise
- The information supplied on this application is accurate and can be used to form part of an insurance policy
- I accept the policy terms and conditions and understand that cover will commence once you have issued the policy
- I attach a cheque / credit card authority form and understand that until payment is received by you the policy will not be in place

Signed: _____ Name: _____

Date: _____

Please return by fax to 0161 708 8385 or email to info@FormationsDirect.com

Authorised representative of Highland Park Insurance which is authorised and regulated by the Financial Services Authority

I hereby authorise Formations Direct Ltd to debit my card in connection with insurance charges, which have been verbally advised. Payments may be taken in advance.

Please charge my credit / debit card as follows:-

Card type:(eg. MasterCard / Visa)

Card number:																				
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Exp. Date:				
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Issue No.		
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Security code:				
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Name of card holder:

Card address

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Post Code.....

Name of Business.....

Address of Business.....

.....

.....

Post Code

Signed: **Date**.....

Please complete & return by post or fax. Fax. No. 0161 708 0305