



CLEGG GIFFORD

STRONG INSURANCE FOR A TURBULENT WORLD

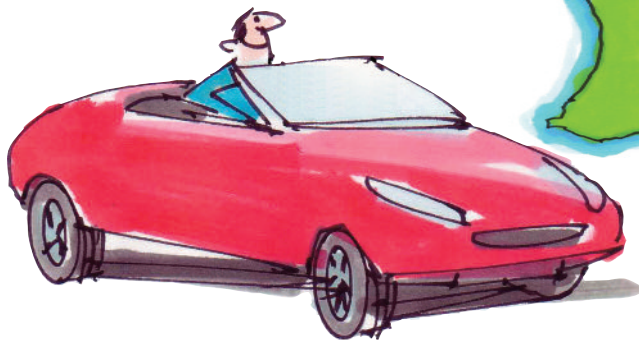
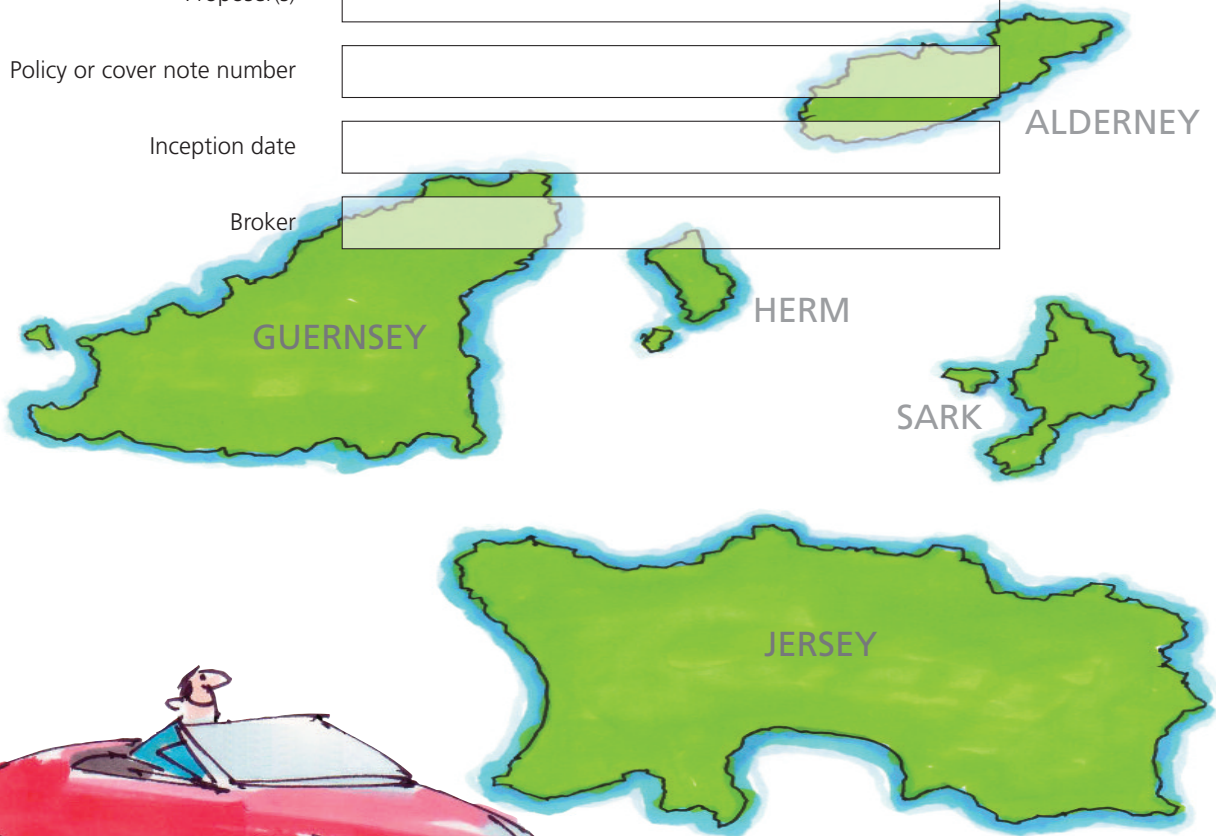
Channel Islands Motor Proposal Form

Proposer(s)

Policy or cover note number

Inception date

Broker



Principal policy cover options



This form is purposely inquisitive as we want to know as much as possible about you. We appreciate that this is time consuming but the more we know about you the better the terms and premiums we are able to quote.

Guide to answering questions:

REQ Must be completed

POS Complete in full if the cover required

OPG Optional covers available

Please complete this proposal form in BLOCK CAPITALS. You must give full and true answers to all questions. 'YES' OR 'NO' answers must not be left blank. If you wish to insure more than 3 vehicles or need more space for any of the answers, please photocopy the relevant pages.

REQ The Proposer



Title(s) and full names(s)

Address

 Postcode Email

Day telephone Evening telephone Mobile

Preferred method(s) of contact?

REQ Current or previous insurers



Name of current/ previous insurer(s)	Registration number	Policy number	Expiry date	Type of policy e.g. car, van	No claim bonus years	Protected bonus (✓)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

You must, within 30 days of inception, provide proof of your no claim bonus from your insurer NOT your broker to confirm your entitlement. We will accept proof for policies which were cancelled within the last six months.

REQ Insurance history



Have you or any driver named below, ever had a motor insurance

- proposal declined, renewal refused or had special terms, excesses or increased premiums imposed? YES NO
- policy cancelled, avoided or had special terms, excesses or increased premiums imposed? YES NO

If YES, give full details below, continuing on page 11, Additional information, If necessary

REQ The drivers



You must provide a copy of each driver's licence. If we do not receive the copy within 30 days of cover incepting we may, at our option, remove that driver from the policy or cancel the policy. If you require cover for more than 3 drivers, download an additional driver form from www.cgchannelislands.com or copy and complete the relevant pages.

	Driver 1		Driver 2		Driver 3	
Name						
Age and date of birth						
Home postcode, if different from proposer's address above						
Marital status						
Nationality						
Years resident in the United Kingdom						
Licence type(s) ✓	Prov <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	Prov <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	Prov <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
	Full car <input type="checkbox"/>	HGV <input type="checkbox"/>	Full car <input type="checkbox"/>	HGV <input type="checkbox"/>	Full car <input type="checkbox"/>	HGV <input type="checkbox"/>
	Other <input type="text"/>		Other <input type="text"/>		Other <input type="text"/>	
Issuing country						
How long held?						
Registration number(s) of vehicle(s) driven regularly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupations including part time and voluntary work - give full details						
Uses	(✓)	Annual mileage	(✓))	Annual mileage	(✓))	Annual mileage
Social, domestic & pleasure excluding commuting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Social, domestic & pleasure including commuting – travel to and from work	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Your business	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Your employer's business	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other, give full details below	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

REQ Offences, convictions and bankruptcy



Have you or anyone who will be insured by this policy

- in the last 5 years, been convicted of ANY **motoring offence** (other than parking), sustained a fixed penalty which has resulted in the driving licence being endorsed or have a prosecution or enquiry pending? YES NO
- received ANY police cautions, antisocial behaviour orders, been convicted of or charged with but not yet tried for ANY **non-motor offences** or are any police enquiries pending in the United Kingdom or elsewhere? YES NO

You are not required to disclose convictions which are regarded as spent by the Rehabilitation of Offenders Act 1974 and/or any amending or subsequent legislation or orders. If you are unsure about what needs to be disclosed, please consult a solicitor or advocate before submitting this form.

- in the last 10 years had County Court Judgments issued against them in England and Wales and/or orders or judgments for debt in other jurisdictions, set up an Individual Voluntary Arrangement (IVA), been disqualified from acting as a company director for any period of time or been declared bankrupt or insolvent? YES NO
- In the last 10 years been a director of a company which has been the subject of an administration order, gone into liquidation, receivership or which has been dissolved? YES NO

If YES, provide FULL details including all dates and, for motor offences, the offence code(s), the fine amount(s) and length of any ban (not restricted to the United Kingdom), continuing on page 11, Additional Information if necessary.

Name	Date	Details

REQ Disabilities and medical history



Do you or any other person to be insured to drive suffer from a disability or medical condition that must be revealed to the DVLA, whether the driving licence has been restricted or not? YES NO

If YES, give full details below continuing on page 11, Additional Information if necessary.

Name	Disability or condition	Date of diagnosis	Restricted licence (✓)

REQ Claims record



Give full details of ALL claims or incidents (including malicious damage) in the last 5 years involving the proposer(s) and any driver to be insured regardless of blame and whether insured or not. If NONE, tick NONE or provide full details below continuing on page 11, Additional Information if necessary. NONE

	Driver 1	Driver 2	Driver 3
Name			
Date of incident			
Vehicle make and model			
Incident details including any injuries sustained			
Was the no claim bonus affected?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Third party costs, if known	£	£	£
Own damage costs Were these recovered?	£ YES <input type="checkbox"/> NO <input type="checkbox"/>	£ YES <input type="checkbox"/> NO <input type="checkbox"/>	£ YES <input type="checkbox"/> NO <input type="checkbox"/>

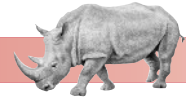
REQ All drivers



In the last 5 years, have you or any of the drivers named above been involved in a claim for compensation following a motor accident? If YES, give full details and state whether that person was a driver or a passenger.

YES NO

REQ Your vehicles



Provide the details requested below for all vehicles to be insured.

	Vehicle 1	Vehicle 2	Vehicle 3
Date cover is to begin			
Registration number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Registered keeper's name			
Owner's name, if different			
Total annual mileage			
Make and model			
Year of manufacture			
Engine size			
Fuel type			
Number of seats including driver			
Date of purchase			
Purchase price	£	£	£
Is it an import not usually available in the United Kingdom?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is it left hand drive?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is it modified in any way from the manufacturer's standard specification including any adaptations or lifts for disabled use?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	If YES, give full details	If YES, give full details	If YES, give full details
Is it a - SORN vehicle? - being renovated or restored?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

	Vehicle 1		Vehicle 2		Vehicle 3	
Is it fitted with - an alarm and/or immobiliser? - a tracking device?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, give full details						
- a 'black box', camera or similar device (telematics)?	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, who is it supplied and maintained by?						
Is it - Owned outright? - Under a hire purchase agreement or financed? - Leased or under a contract hire agreement?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Where is it parked overnight? If not at the home address above, give the postcode	<input checked="" type="checkbox"/>	Postcode	<input checked="" type="checkbox"/>	Postcode	<input checked="" type="checkbox"/>	Postcode
- On the road?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- On the driveway?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- In own garage?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Other	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Give details alongside						
Cover required - Comprehensive - Third party, fire, theft - Third party only	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Indicate the level of excess required The standard excess is £150. Note that in some instances additional or higher excesses or coinsurance may be imposed.	<input checked="" type="checkbox"/> <input type="checkbox"/> £150 Standard <input type="checkbox"/> £250 <input type="checkbox"/> £500 <input type="checkbox"/> £750 <input type="checkbox"/> £1,000 <input type="checkbox"/> £1,500		<input checked="" type="checkbox"/> <input type="checkbox"/> £150 Standard <input type="checkbox"/> £250 <input type="checkbox"/> £500 <input type="checkbox"/> £750 <input type="checkbox"/> £1,000 <input type="checkbox"/> £1,500		<input checked="" type="checkbox"/> <input type="checkbox"/> £150 Standard <input type="checkbox"/> £250 <input type="checkbox"/> £500 <input type="checkbox"/> £750 <input type="checkbox"/> £1,000 <input type="checkbox"/> £1,500	

OPT Driving other vehicles – social domestic and pleasure use in the United Kingdom



The insured drivers are **NOT INSURED** to drive other vehicles. This optional extension will provide cover for the policyholder on a third party only basis to drive other vehicles but **ONLY** for social, domestic and pleasure use in the United Kingdom. The vehicle must not be regularly available to the policyholder or being test driven or evaluated. Motorcycles can be covered but not minibuses, coaches, quad bikes and vehicles with a gross vehicle weight of more than 3.5 tonnes. See your policy booklet for full details of the cover available and the basis on which claims will be settled. All excesses, terms, conditions, exclusions and other policy limitations apply.

Would you like to add this extension for the policyholder?

YES NO

OPT Optional covers



Agreed value for classic vehicles

Depending on the type of vehicle, we may provide cover on an agreed value rather than a market value basis. If cover is agreed, we will require the original purchase receipt, finance agreement and/or a written valuation from a recognised valuer which is no more than 3 months old, current interior and exterior photographs and the mileage.

Registration number	Agreed value amount required	Registration number	Agreed value amount required
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	£	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	£
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	£	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	£
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	£	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	£
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	£	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	£



We strongly recommend that you keep a record of all information given to us and your broker or agent, including details of telephone calls, copies of all letters, emails, this proposal form and any supplementary questionnaires you have completed. You may request a copy of this proposal form for 3 months after you signed it. The policy is available to download on www.cgllloyds.co.uk. If you require your documentation in an alternative format such as large print, please contact us, your broker or agent. Your signing the declaration at the end of this form signifies your consent to the information being used in the ways outlined below.

To ensure we maintain a high quality service, we may monitor or record telephone calls.

It is a requirement of this insurance that you are able to provide sufficient information to substantiate any claim you make, that you conduct your business in accordance with best practice and that you record all vehicle transactions, purchases and sales and keep documented receipts of all purchases. Failure to do so may delay or prejudice your claim.

Data Protection

Please read this notice carefully as it contains important information about the details you will give or have given us. It is a condition of this insurance that you read and accept the terms of this data protection notice. You should show this notice to anyone covered by this insurance. We will process the details you have provided in line with the Data Protection Act 1998 and other laws which may apply. Your information may also be processed outside of the European area. In all instances we make sure that your information has enough protection. So that we can assess the terms of an insurance contract, or deal with any claims that may arise, we may need to share information which is classed as 'sensitive' under the Data Protection Act 1998. We may pass this information to other organisations that we have carefully chosen as well as other companies within our group. We share information with other insurers, certain government organisations and other authorised organisations for the purpose of insurance underwriting, preventing or detecting fraud, managing claims and managing complaints.

If you have any questions please contact the compliance department of the participating insurer as shown in your schedule. By proceeding with this application you signify your consent to such information being processed in this way.

Sensitive data

The participating insurers and suppliers may need to collect data which the Data Protection Act defines as "sensitive" such as criminal convictions or medical history in order to assess your renewal, make changes to your policy or to administer claims. Your signing the declaration below signifies your consent to the information being used in this way.

Motor Insurance Database

It is a legal requirement that details and registrations of the vehicles you own are added to the Motor Insurance Database (MID) which is managed by the Motor Insurers' Bureau (MIB). MID data may be used by certain statutory and/or authorised bodies including the police, the DVLA, the DVA, the Insurance Fraud Bureau for electronic vehicle licensing, Continuous Insurance Enforcement, preventing and detecting crime, reducing the incidence of uninsured driving and for the provision of government and other services.

Other insurers and the Motor Insurers' Bureau may search the MID to ascertain relevant policy information if you have been involved in a road accident whether in the United Kingdom or abroad. Additionally, anyone with a valid claim following a road traffic accident, including citizens of other countries, may also obtain relevant information which is held on the MID. For more information contact us or visit the MID section of the MIB website on www.mib.org.uk.

Administration, management information and regulatory compliance

The information you supply may be used for insurance administration, debt collection, offering renewal, research and statistical analysis by the participating insurers as shown on the schedule, their associated companies and agents, by participating insurers and suppliers, used for management information purposes including portfolio assessment, risk assessment, performance and management reporting, disclosed to regulatory bodies for monitoring and/or enforcing insurers' compliance with any regulatory rules and codes of conduct, shared with other insurers either directly or via those acting for them such as loss adjusters, surveyors and investigators and shared with and checked against various databases, credit reference agencies, fraud prevention agencies and public bodies including the police. We may, in addition, contact you by text or email regarding claims, payment defaults and policy administration.

Fraud detection and prevention

The participating insurers and/or their agents may, in order to detect and prevent fraud

- request information from and pass claims information to the Claims and Underwriting Exchange (CUE) managed by Insurance Database Services Limited (IDSL) and the Motor Insurance Anti Fraud and Theft Register (MIAFTR) run by the Association of British Insurers (ABI)
- check your identity to prevent money laundering unless you have provided us with satisfactory proof of identity
- undertake checks against publicly available information such as the electoral roll, County Court Judgments in England and Wales and/or orders or judgments for debt in other jurisdictions, Individual Voluntary Arrangements and bankruptcy orders
- validate your claims history or that of any insured person or property involved in the policy or a claim.

Motor Insurance Database disclosure

It is a legal requirement that details and registrations of the vehicles you own are added to the Motor Insurance Database (MID) which is managed by the Motor Insurers' Bureau (MIB). MID data may be used by certain statutory and/or authorised bodies including the police, the DVLA, the DVA, the Insurance Fraud Bureau, for electronic vehicle licensing, Continuous Insurance Enforcement, preventing and detecting crime, reducing the incidence of uninsured driving and for the provision of government and other services.

Other insurers and the Motor Insurers' Bureau may search the MID to ascertain relevant policy information if you have been involved in a road accident whether in the United Kingdom or abroad. Additionally, anyone with a valid claim following a road traffic accident, including citizens of other countries, may also obtain relevant information which is held on the MID. For more information contact us or visit the Motor Insurance Database section of the MIB website on www.mib.org.uk.

Cancellations and refunds

If you are not happy with the policy when you receive it, you have a 14 day "cooling off period" in which to cancel. Any refund given will be subject to the payment of the premium for the period that cover has been in force provided that, if a claim has been made or an incident which may give rise to a claim has occurred, the full annual premium remains payable and no refund will be allowed. A policy charge of £25 plus IPT will be levied. If you decide to cancel the policy after the "cooling off period" and there has not been a claim or an incident which may give rise to a claim, premium refunds will be made as outlined below. If your policy is a short term one, i.e. the insurance period is under 12 months, you will not be eligible for a refund.

Part A – Motor

We will refund a pro-rata portion of the premium less 25%. A policy charge of £25 plus IPT will be levied. No refund will be made until you have returned your certificate(s) and windscreen insurance disc (WID) to us.

Part B – Driver's personal accident

No premium will be refunded.

Where you pay your premium by a deferred payment scheme of any kind, FAILURE TO PAY an instalment may result in the cancellation of the policy from the date of the default and NOT the date we notify you.

If we cancel the policy, you may be entitled to a pro-rata refund of premium provided there has not been a claim and no incidents have occurred which may give rise to a claim.

Financial Services Compensation Scheme

The insurers participating in this insurance are covered by the Financial Services Compensation Scheme (FSCS) which protects you in the unlikely event that the insurer is financially unable to pay claims made against it. For cover required by the Road Traffic Acts or any other form of compulsory insurance, you would be covered in full for any claim. For all non compulsory insurances, the FSCS will meet a maximum of 90% of any claim for compensation. In both cases, there is no upper limit. Full details are available on the FSCS website www.fscs.org.uk or by writing to

The Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London EC3A 7QU.

REQ Relevant and additional risk information – *must be completed*



We rely on the information in this proposal form and supplementary questionnaires when we decide what cover to provide, how much you will pay and what excesses will be imposed. It is therefore essential that all the information given to us is accurate and that you, the vehicle owners and all the drivers to be insured have not withheld, falsified or misrepresented any relevant information or particular circumstances which may affect our assessment of your proposal or the premium we propose to charge. This includes disclosing all claims, relevant incidents, any convictions and licence endorsements. If you are in doubt as to what you should tell us about, you should discuss it with us and/or disclose it as failure to do so may invalidate your policy, result in it not operating fully, claims payments being refused or reduced, your premium being revised or retained, the extent of cover, the terms, conditions, exclusions and/or policy excess(es) being revised. It is an offence to deliberately make false statements and to suppress, withhold or misrepresent information.

Please remember to include all information which you consider improves your risk and which could result in a lower premium being charged.

Is there any essential information not covered by the questions in this proposal form which should be disclosed to us?

YES NO

If YES, please provide full details on page 11, Additional Information.

REQ Declaration – Please read carefully then sign and date



- I/we declare that the information given and the statements made in this proposal form are, to the best of my/our knowledge and belief, true and complete. I/we will pay the premium when called upon to do so.
- I/we have read “Relevant and additional risk information” above and have provided an answer to the question posed. I/we have not suppressed, misrepresented or failed to disclose any relevant information or particular circumstances which would be likely to influence the assessment or acceptance of this proposal. I/we understand any such suppression, misrepresentation or failure may invalidate my/our policy, result in it not operating fully, the premium and/or extent of cover being revised, a claim payment being refused or reduced and any premium I/we have paid being retained.
- I/we understand that any quotation already given may change when the participating insurers receive and assess the completed proposal form and any supplementary questionnaires. The participating insurers have the right to impose special terms or decline this proposal.
- I/we understand the implications of “Motor Insurance Database Disclosure” on page 9 for DVLA or DVA registered vehicles and “Essential Information” on page 8.
- I/we understand that if the participating insurers do not receive proof of no claims bonus within 30 days of cover incepting, they will charge an additional premium and may, at their option, cancel the policy.
- I/we understand that if I/we report an incident more than 14 days after an occurrence involving a vehicle and for which the participating insurers receive a claim for compensation from a third party, the policy may be cancelled. They may hold any refund of premium against payments participating insurers are obliged to make because of their Road Traffic Acts liabilities and also recover any other amounts they become liable to pay due to late notification. In addition, my/our claim for damage to the vehicle may be prejudiced and I/we may forfeit any accrued No Claims Bonus.
- I/we understand that the participating insurers and their agents may, at any time from my/our completing this proposal to the time the policy is cancelled or lapsed, request information from and pass information to the Claims and Underwriting Exchange (CUE) which is managed by Insurance Database Services Limited (IDSL) and the Motor Insurance Anti Fraud and Theft Register (MIAFTR) run by the Association of British Insurers. I/we understand that any information received will be made available to other insurers and/or the police. I/we understand that this will include the validation of my/our claims history as well as that of any person likely to be involved in this policy or a claim.
- I/we understand that my/our information may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing compliance with any regulatory rules or codes. I/we consent to the participating insurers checking other databases including, but not limited to, information held by credit agencies.
- I/we understand that the signing of the proposal form and declaration does not bind me/us to complete the insurance and that cover will not be in force until this proposal has been accepted and confirmation of cover is in my/our possession. I/we agree to accept the terms, conditions, exclusions and limitations of the policy.

For your own benefit and protection you should read Providing essential information and Additional information carefully before signing below. If necessary, ask your broker or us for an explanation or more information.

PROPOSER'S SIGNATURE

FULL NAME

DATE

If any part of this form has been completed by anyone other than the proposer, please give the full name of the person who has done so and the relationship to the proposer e.g. broker, agent, spouse, employee.

SECOND PROPOSER'S SIGNATURE

FULL NAME

DATE

CHECKED BY

SIGNATURE

DATE

FOR OFFICE USE ONLY

OPT Additional information



*If there is insufficient space elsewhere in this form, use the space below, continuing on another sheet if necessary.
Please remember to include all information which you consider improves your risk and which could result in a lower premium being charged.*

Page	



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