

QUESTIONS MUST BE ANSWERED IN FULL; N/A, TICKS AND DASHES ARE NOT ACCEPTABLE

If any amendments are made, please sign by each amended entry. The use of Tippex/correction fluid is not allowed.

1. TITLE

TRADING NAME (if no trading name, state proposers name)

TRADING ADDRESS

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	POSTCODE <input type="text"/>

VAT Status YES NO VAT Number Tel. Number

Profession, Occupation or Trade of Proposer (give full particulars if more than one)

Nature of Business

2. DETAILS OF DRIVERS

Title	Surname	Forenames	DOB	Resident in UK	Type of Licence	Period Held	Drivers Use	
							Business	Social
Mr/Mrs/Ms/MISS				Yrs	FULL/PROV./INT.	Yrs	Y/N	Y/N
Mr/Mrs/Ms/MISS				Yrs	FULL/PROV./INT.	Yrs	Y/N	Y/N
Mr/Mrs/Ms/MISS				Yrs	FULL/PROV./INT.	Yrs	Y/N	Y/N
Mr/Mrs/Ms/MISS				Yrs	FULL/PROV./INT.	Yrs	Y/N	Y/N
Mr/Mrs/Ms/MISS				Yrs	FULL/PROV./INT.	Yrs	Y/N	Y/N

Driver	Is this your Full or Part-Time Occupation	Any other occupation (please state if self employed)	Home Address (if different to that stated above)	Postcode	Delete status Not Applicable
Main	<input type="checkbox"/> F/T <input type="checkbox"/> P/T				Proposer
Driver 1	<input type="checkbox"/> F/T <input type="checkbox"/> P/T				Business Partner / Employee / Common-Law / Spouse / Driver
Driver 2	<input type="checkbox"/> F/T <input type="checkbox"/> P/T				Business Partner / Employee / Common-Law / Spouse / Driver
Driver 3	<input type="checkbox"/> F/T <input type="checkbox"/> P/T				Business Partner / Employee / Common-Law / Spouse / Driver
Driver 4	<input type="checkbox"/> F/T <input type="checkbox"/> P/T				Business Partner / Employee / Common-Law / Spouse / Driver

Is cover required on an Any Driver Basis?

YES NO **An additional premium will be required and is subject to all drivers being 25 or over with a full UK driving licence for not less than 24 months and a permanent UK resident.**

3. ACCIDENTS

Give brief details of all accidents and losses, including fire or theft, whether to blame or not, during the past FIVE years, in connection with every motor vehicle (including motorcycles) owned or driven by you or any person who, to your knowledge, will drive on this policy. (If none, please state NONE).

Driver Name	Date of Accident	TOTAL COST OR ESTIMATE		Give details of each occurrence (if insufficient space, please use separate paper)
		Own Damage	Third Party	

4. CONVICTIONS

Have you, or any person who will drive under this insurance, been convicted of any offence in connection with any motor vehicle or any other offence including violence, criminal behaviour, dishonesty and/or is there any Police prosecution pending? YES / NO. If yes, advise details.

--

5. HEALTH

Do you, or any person who to your knowledge will ever drive under this insurance, suffer from the loss of the use of a limb or an eye, defective vision or hearing, a Heart / Diabetic / Epileptic condition or from any other infirmity? YES / NO. If yes, advise driver & give full details. (You may be requested to complete a Medical Questionnaire / Supply Doctors Report).

Driver No	Details of Condition	Has DVLA been advised	Has a restricted licence been issued
		YES / NO	YES / NO
		YES / NO	YES / NO
		YES / NO	YES / NO
		YES / NO	YES / NO

6. MOTOR INSURANCE REFUSALS

Has any Company or Underwriter declined a proposal or cancelled or refused to renew the motor insurance or required an increased premium or revised terms in respect of any motor insurances proposal effected by you, your spouse, or any person who, to your knowledge, will drive? YES / NO. If yes, advise driver and full details including insurers.

--

7. INSURANCE HISTORY

Present Insurers _____	Tel. No _____
Policy Number _____	Expiry Date _____
No Claims Bonus represents _____	Years _____
Type of Policy	<input type="checkbox"/> Private Car <input type="checkbox"/> Commercial <input type="checkbox"/> Other (please specify) _____

Is the NCB currently in use? YES NO Registration Number of Vehicle on which NCB earned

--

8. PARTICULARS OF VEHICLE(S) TO BE INSURED

Full details of the vehicles to be covered under this insurance must be given.

Make & Model	Type of Body	Yr of Make	Cubic / Carrying Capacity / GVW	Date of Purchase	Price Paid £	Estimated Value £	Registration Number	Current Mileage

Your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers Information Centre (MIIC). The Police may consult this in order to establish who is insured to drive the vehicle. If you are involved in an accident (in the UK or abroad), other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to ascertain relevant policy information. Persons with a valid claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID.

Has the vehicle(s) been modified or altered from the maker's standard specification or is it intended to do so? If yes, give details.

YES / NO

Where is/are the Vehicle(s) based?

Location of operation of vehicle(s)

Where is/are the vehicle(s) kept at night?

Is the vehicle(s) fitted with a security device/immobiliser? If yes, give details

YES / NO

What is the total number of vehicles owned and in use by you?

Are you the registered owner/keeper of the vehicle(s) listed above? If no, give details of owner

YES / NO

What kind of goods will normally be carried?

Will goods of an **explosive or dangerous** nature be carried? If yes, give details

YES / NO

Do you carry non-fare paying passengers? If yes, state number in each vehicle

YES / NO

State if regular night work is undertaken

9. USE

Use of vehicle(s) required, please tick appropriate box.

- Social, Domestic & Pleasure use
- Carriage of own goods within a radius of 100 miles from the Insured's address
- Carriage of own goods unrestricted radius
- Carriage of goods for hire or reward within a radius of 100 miles from the Insured's address
- Carriage of goods for hire & reward unrestricted radius
- Towing of trailers Any other Use (Please Specify)

Please state maximum annual mileage per vehicle

10. COVER

Delete cover Not Applicable

(a) Cover required COMPREHENSIVE / THIRD PARTY FIRE AND THEFT

11. COVER REQUIRED FROM...

Insurance required for one year commencing on the day of 20..... at am / pm.

Data Protection Notice

The policy document contains important information relating to the details you have given us. This notice should also be shown to anyone else that is insured under this policy. This document draws to your attention the systems we have in place which allow us to detect and prevent fraudulent claims.

Fraud Prevention and Detection

In order to prevent and detect fraud we draw to your attention, in accordance with Data Protection Legislation, the fact that we may at any time record and monitor telephone calls for the purpose of detecting fraud and deception. We may also pass your details through any number of data sharing/fraud prevention agencies such as Hunter and CIFAS.

Your insurance cover details will be added to the Motor Insurance Database, run by the Motor Insurers' Information Centre. Along with the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd and The Motor Insurance Anti Fraud and Theft Register, run by the Association of British Insurers. It is a condition of your policy that you must tell us about any incident (such as accident or theft) whether or not it gives rise to a claim as soon as possible. We will pass information relating to it on to these agencies. **If you or anyone acting on your behalf give us false or inaccurate information and we suspect fraud, all benefits under this policy will be void.** The matter will be recorded with the above agencies and pursued in accordance with the law.

We may share information about you with our associated and subsidiary Companies. Other organisations may also use and search these records in their effort to combat fraud and undertake credit searches.

The Company wish to make it clear that the vast majority of honest policyholders suffer as a result of a few. Our aim is to provide the best possible service to the genuine customer. Through the use of these systems and certain interview techniques, we are able to address fraud in such a manner that enables us to keep premiums competitive.

Motor Insurance Database Notice

The 4th EEC Motor Insurance Directive places a legal obligation upon owners of vehicles to ensure that their vehicles appear on the Motor Insurance Database.

Whenever there is a change to your vehicle schedule you must notify the MID within 14 days of any effective change.

You can find out more about this at www.miiic.org.uk

IMPORTANT - PLEASE READ AND SIGN THE DECLARATION BELOW

DECLARATION

I/We declare that the above statements and particulars are true, and that no information has been withheld that might influence acceptance of the Insurance, and that the Property and/or Vehicle(s) is/are, and shall be kept, in good condition and that the vehicles shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof, and I/We agree that this Proposal, signed by or caused to be signed for me/us shall be held to be promissory and be the basis of the Contract between me/us and Insurers, and I am/we are willing to accept a policy subject to the terms, exceptions and conditions prescribed therein.

DATE..... SIGNATURE OF PROPOSER

IMPORTANT - SEE NOTES BELOW BEFORE SIGNING TO BE COMPLETED CORRECTLY

WARNING - If you are in any doubt a particular fact(s) being material to this Insurance you should disclose it/them. Failure to disclose all material information may result in this Insurance being void from inception - leaving you without insurance cover. You are advised to keep a record of all information supplied for the purpose of entering into this Insurance - a copy of this proposal may be Obtained from Underwriters within 3 months of completion upon request.

TO PREVENT POLICY CANCELLATION, ADDITIONAL PREMIUMS BEING APPLIED OR COVER BEING REDUCED AND TO ENSURE THE PROMPT ISSUING OF YOUR POLICY DOCUMENTS, PLEASE NOTE THE FOLLOWING:

PROPOSAL FORM:

Ensure all questions are completed in full. N/A, ticks and dashes are not acceptable answers. Should the proposal form be incomplete when received in this office it will be returned to you and will cause delay in policy issuing and may result in policy cancellation.

PROOF OF NO CLAIMS BONUS/CLAIM FREE DRIVING:

Failure to supply this document, when applicable, will result in the charge of an additional premium for the discount given in this respect.

PLEASE NOTE THIS CONTRACT IS SUBJECT TO RECEIPT OF THE ABOVE DOCUMENTS AND ANY OTHER DOCUMENTS THAT MAY BE REQUESTED UPON RECEIPT OF THE FULLY COMPLETED PROPOSAL FORM.