



FLEET
PROPOSAL

1. PROPOSER

Full Name or Company Name									
Postal Address									
Town or City				County			Postcode		
Business or Trade		No. of Years Trading		Tel. Number		Are you VAT registered?	YES / NO %	Company Registration Number	

2. VEHICLES

- i. Please complete **in full** the schedule of vehicles to be covered - see schedule 2A below. If insufficient space please attach separate schedule.
- ii. If trailer cover is required please include full details in trailer section 2B.

Make	Type of Body: State if Artic., Rigid or Tipping	Year of Make	Accessories and their Value		Proposers Estimate of Present Vehicle Value (£)	No. Seats ex. driver	Date of Purchase	Registration Mark or Chassis Number	Cover Required <input checked="" type="checkbox"/>		
			Type	Value					Comp.	T.P.F.T.	T.P.O.

Make	Type	Manufacturers Identification Number	Value	Cover	Is Detached Cover Required? Yes/No	For Your Own Premises Only? Yes/No

- iii. Who owns the vehicles?:-
Please state:
- iv. Where are the vehicles based?:-
Please state:
- v. How many are garaged?:-
Please state:
- vi. Are vehicles protected by security arrangements?:-
Please state:
- vii. Tipper vehicles are not normally covered for accidental damage under comprehensive cover when a claim is occasioned through the use of tipping gear.
Do you require tipping risks to be covered at an additional premium? YES NO
- viii. Are any vehicles registered outside Great Britain or N. Ireland? Please state:

3. USE

- i. State fully the purposes for which the vehicle(s) will be used:-
- ii. State the districts in which the vehicle(s) will be principally used:-
- iii. Will the vehicle(s) be used beyond a radius of 100 miles from base? YES NO
- iv. Will the vehicle(s) be used outside the UK? If yes, where and how frequently? YES NO

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS PLEASE GIVE FULL DETAILS IN THE NOTES SECTION ON BACK PAGE

- v. Will explosives, corrosive, inflammable or hazardous goods be carried? If yes, state fully YES NO
- vi. Will the vehicle(s) be used on an airfield? If yes provide full details YES NO
- vii. Will the vehicle(s) be used for commercial travelling? YES NO
- viii. Will the vehicle(s) be used for hire or reward? YES NO
 - A) to carry goods
 - B) to carry passengers
- ix. Does the proposer hold an operators licence in respect of the vehicle(s)? YES NO

4. DRIVERS

Describe your Driver Employment Procedure.

- (a) Do you establish previous accident record of prospective employees? YES NO
- (b) Do you inspect all potential employees' licences BEFORE offer of employment? YES NO
- (c) Do you require a written reference from a previous employer BEFORE offer of employment?
If the answer to any of the above questions is "NO" explain why here:-

- (d) Do you currently employ agency drivers? YES NO
- (e) Do you employ part time drivers? YES NO

4a. DRIVERS

IF YOU ANSWER YES TO ANY OF THE NEXT QUESTIONS PLEASE COMPLETE TABLE BELOW

Will any vehicle be driven by any person who:-

- i) is under 25 years of age or over 65 years of age YES NO
- ii) has less than 24 months driving experience on a full UK driving licence for the class of vehicles proposed YES NO
- iii) has been convicted of a motoring offence resulting in a disqualification during the past 5 years YES NO
- iv) has more than one motoring conviction or any conviction within types BA, DD,DR, IN, UT and XX (totting up) during the past 5 years or has any prosecutions pending YES NO
- v) suffers from defective vision or hearing, medical condition or infirmity YES NO

Name	Age	Full Licence Since	How Long In Your Employ	No. of Accidents whether to Blame or Not	Conviction Details (Offence Code, Points, Fine etc) Including Circumstances of Event and Date If None Please State None	Length of Ban

FOR ADDITIONAL DRIVERS COMPLETE SECTION OVERLEAF

5. INSURANCE HISTORY

IF YOU ANSWER YES PLEASE GIVE DETAILS IN SPACE PROVIDED BELOW OR IN THE NOTES SECTION ON BACK PAGE

- i. Have you previously been insured in respect of any motor vehicle? YES NO
- ii. Name of your last Insurer, Policy Number and expiry date:- Please state:
- iii. Has any insurer during the past 5 years:-
- a) cancelled or refused to renew your motor insurance YES NO
- b) imposed any excess or special conditions YES NO
- iv. If available please attach official claims experience from previous insurers or give particulars of all loss, damage and/or injury sustained or occasioned by any motor vehicle driven or owned by you or any driver or proposed driver during the past 3 years WHETHER TO BLAME OR NOT

DETAILS

6. OPERATIVE DATE

Cover for 12 months commencing:-

Time: Day/Date: Month: Year:

7. NOTES AND DECLARATION

NOTES

Insurers pass information to the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident, we will pass information relating to it to the register.

Your insurance cover details will be added to the Motor Insurance Database, run by the Motor Insurers' Information Centre (MIIC). This has been set up to help identify uninsured drivers, and may be searched by the Police to help confirm who is insured to drive. If there is an accident, the Database may be used by insurers, MIIC and the Motor Insurers' Bureau to identify relevant policy information.

You can ask us for more information about this. You should show this notice to anyone insured to drive the vehicle covered under the policy.

Note: The Motor Insurance Database does not contain any personal data that can be recovered by insurers. However, as a statutory instrument (1972 SI No. 1217) allows the police to recover personal data from the database, customers and drivers must be made aware of its existence, purpose and use.

In the event that the vehicle is declared a total loss, the market value will be based on the average of CAP and Glasses Guides with an allowance for mileage/condition.

DECLARATION

BEFORE SIGNING THIS FORM PLEASE READ CAREFULLY THE NOTES. COVER WILL NOT OPERATE UNTIL THE UNDERWRITERS HAVE ISSUED A COVER NOTE OR CERTIFICATE OF INSURANCE.

I/We understand that you will pass the information on this form and about any incident I/we may give details of to the ABI so that they can make it available to other insurers. I/We also understand that, in response to any searches you may make in connection with this application or any incident I/we have given details of, ABI may pass you information it has received from other insurers about other incidents anyone insured to drive the vehicle covered under the policy have been involved in.

I/We declare that the answers given above (on which the Underwriters will rely in deciding whether to accept the risk and in fixing the premium) are true to the best of my/our knowledge and belief, and that no information has been withheld by me/us that might influence the Underwriters acceptance and assessment of this Insurance, and to accept a policy subject to the terms, conditions and exceptions contained therein. I/We declare that if any details or answers on this form have been written by another person he/she has acted as my agent.

- WARNING: If you are in any doubt about a particular fact 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 should keep a complete record (including copies of all letters) of all information supplied to the Underwriters for the purpose of entering into this Contract of Insurance. N.B. Material facts are those which an Insurer would regard as likely to influence the acceptance and assessment of a proposal. Also the completion of this proposal does not necessarily mean that a 12 month policy will be issued.
- At your request a copy of this completed form will be supplied to you, provided the request is made within a period of three months after its completion.
- Underwriters reserve the right to decline any insurance or to change the premium and terms quoted.

Date of Proposal: Proposer's Signature:

Position Held:

