

Fleet



Fleet Proposal Form

1 YOU THE PROPOSER PLEASE USE BLOCK CAPITALS

Title	Forenames and Surname or Company Name		
<input type="text"/>	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>		
County	Post Code		
<input type="text"/>	<input type="text"/>		
Occupation and Nature of all business engaged in	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
	Phone No.	<input type="text"/>	
	Date of Birth (if applicable)	<input type="text"/>	
	Age (if applicable)	<input type="text"/>	

2 VEHICLES (Please complete Vehicle Schedule)

a Have any of the vehicles shown been altered in any way including electronically, e.g. engine or body modifications, special or non-standard equipment, non-standard wheels, or are any of them Left Hand Drive? YES/NO ►

b Has any vehicle audio/telecommunication equipment exceeding a value of £500? YES/NO ►

c Has any vehicle been fitted with any security or tracking devices? YES/NO ►

If **YES** to **a, b** or **c** give details

d Are all vehicles owned by you and registered in your name? YES/NO ►

If **NO** give details

3 COVER (for description of cover see overleaf)

Tick (✓) cover required: **Comprehensive** **Third Party Fire and Theft** **Third Party Only**

Trailer cover - if cover is required for trailers whilst attached to or detached from the insured vehicles give details of number owned, makes, serial numbers and values.

4 USE

a Will any vehicle be used for haulage purposes outside the United Kingdom? YES/NO ►

b Will any vehicle be used in Northern Ireland or Eire? YES/NO ►

c Will any vehicle be used "airside" in any airfield or aerodrome? YES/NO ►

d Will any vehicle carry toxic, explosive, corrosive or inflammable goods? YES/NO ►

e i Will any vehicle be used to carry passengers for private or public hire? YES/NO ►

ii Will any vehicle be hired from a rank or stand, have radio communication or cruise for fares? YES/NO ►

If **YES** to **a b c d** or **e** give full details

5 DRIVERS

a Do you or any person who may drive have defective vision or hearing (not corrected by glasses or hearing aid), any physical, mental, alcoholic or nervous disorder, or heart, diabetic or epileptic condition or other complaint, had blackouts or fits, or regularly take any prescribed medication? YES/NO ►

If **YES** give details including names of persons, nature of complaints, years stabilised if appropriate and details of medication. Also confirm that DVLA have been informed and advise whether your/their driving licence is restricted as a result.

You are reminded that all drivers are required by law to inform the Drivers Medical Branch at DVLA if they have any disability (including any physical or mental condition) which affects or may become likely to affect their fitness as a driver.

5 DRIVERS - continued

b Have you or has any person who drive:-

i had any motoring convictions in the last **5 years** or are there any prosecutions pending or police enquiries outstanding (including fixed penalty offences)? Parking offences or a single speeding offence may be ignored.

YES/NO ►

ii had any criminal convictions (or been charged with a criminal offence but not yet tried)?

YES/NO ►

If **YES** give names of persons, offences, dates, penalties and points

c Have you or any person who may drive **ever** been disqualified from driving?

YES/NO ►

If **YES** give names of persons, offences, dates, penalties and periods of disqualification

d Do you examine the driving licences of all new employees for validity and motoring convictions?

YES/NO ►

e Do you examine the driving licence of all employees annually to check they are valid and whether there are motoring convictions?

YES/NO ►

f If so, do you undertake to advise us of all motoring convictions and any restriction which may be imposed by the Authorities?

YES/NO ►

6 INSURANCE HISTORY

a State name of previous/present insurer showing branch, policy number and renewal date.

b Has any company or underwriter at any time in respect of motor insurance declined to insure you, cancelled your policy, refused to renew, required increased premium or special terms?

YES/NO ►

c Have there been any accidents, thefts or losses (whether covered by insurance or not and regardless of blame) during the past **3 years** in connection with any vehicle owned or driven by or in the charge of you or any other person who to your knowledge may drive?

YES/NO ►

If **YES** to **b** or **c** give full details

OFFICIAL CLAIMS EXPERIENCE FROM PREVIOUS INSURERS MUST BE ATTACHED

COVER TO OPERATE FROM

DAY MONTH YEAR

FOR

MONTHS

IMPORTANT NOTE: You are reminded that it is essential you provide all material information likely to influence the acceptance and assessment of this insurance. If you have any doubts as to whether a fact is material it should be disclosed. Failure to disclose any material facts may invalidate your policy or may result in your policy not operating fully. It is an offence under the Road Traffic Acts to make any false statement or withhold any material information for the purposes of obtaining a certificate of motor insurance. Insurers may pass information to the Claims and Underwriting Register, run by Insurance Database Services Ltd (IDS Ltd) and 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 to prevent fraudulent claims. When we deal with your request for insurance, we may search these registers. 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 registers. Your insurance cover details will be added to the Motor Insurance Database, run by 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. We may also respond to enquiries by the Police concerning your policy in the normal course of their investigations. Where it is necessary to administer your policy efficiently or to protect your interests, we may disclose the data you have supplied to other third parties such as solicitors, loss adjusters, loss assessors or other insurers. You should show this notice to anyone insured to drive the vehicle under the policy.

Data Protection: the data supplied in this Form will only be used for the purposes of processing your policy of insurance, including underwriting, administration and handling any claim which may arise. The data supplied will not be passed to any other parties other than those, which we have disclosed in this Form. It is important that the data you have supplied are kept up to date. You should therefore notify us promptly of any changes so that we may update our records. You are entitled upon the payment of an administration fee to inspect the data, which we are holding about you. If you wish to make such an inspection, you should telephone 0870 6099 920 and ask for a Subject Access Request Form. Alternatively, you may download a Subject Access Request Form from our Internet site at www.nig-uk.com.

DECLARATION: I/We:

a declare that to the best of my/our knowledge and belief the information given in this Form is correct and complete in every detail.

b also understand that you may also process information, which has been received from other insurers, financial institutions or industry databases concerning other incidents in which any person covered under the policy may have been involved.

c agree that if any answer has been printed or written by any other person, he/she shall be my agent for that purpose. I also confirm that any data which I have supplied in this Form about other persons are given with their knowledge and authorisation.

d agree that this Proposal and Declaration, and the additional information on the insurance provided by my/our insurance intermediary on my/our behalf to The National Insurance and Guarantee Corporation Ltd trading as NIG ("the Company"), shall be the basis of the contract between me/us and the Company.

e also agree to accept a policy (a specimen of which is available on request) in the standard form issued by the Company for the insurance now proposed and to pay the premiums thereon.

Proposer's Signature

Date

Position Held

FOR USE OF BROKER/AGENT

REFERENCE NUMBER

AGENCY NUMBER

Vehicle Schedule - Please list below details of all vehicles to be insured (or attach separate schedule)

Make and Model	Type of body and number of seats	Cubic/ carrying weight	Gross vehicle weight	Year of Make	Value	Registration letters and numbers	Cover	Table/ Class of Use	PREMIUM

It is recommended that you keep a record of all information supplied, (including copies of letters) for the purpose of entering into this contract. You may also apply for a copy of this form within the next three months. A specimen copy of the policy form is available on request which gives details of the Company's Complaints procedure. The Company reserves the right to decline any Proposal submitted. The Law of England and Wales applies to this Policy.