

P.C
C.V

Fleetsure Proposal Form



YOU THE PROPOSER

COMPLETE IN BLOCK CAPITALS PLEASE

Name of Proposer	<input type="text"/>
Full Postal Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>
Business or Trade	<input type="text"/>
	<input type="text"/>

COVER REQUIRED

Comprehensive	<input type="checkbox"/>	Third Party Fire & Theft	<input type="checkbox"/>	Third Party Only	<input type="checkbox"/>
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USE OF VEHICLES

		TICK
Cars	a. Pleasure and business, excluding commercial travelling, or	<input type="checkbox"/>
	b. Pleasure and business, including commercial travelling.	<input type="checkbox"/>
Commercial Vehicles	a. Own business purposes, excluding carriage of goods for hire or reward, or	<input type="checkbox"/>
	b. Own business purposes, including carriage of goods for hire or reward.	<input type="checkbox"/>
Vehicles used for Hire	a. Public hire, or	<input type="checkbox"/>
	b. Private hire.	<input type="checkbox"/>

PERIOD OF INSURANCE 12 MONTHS AT	TIME:	AM/PM	DATE:
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DATA PROTECTION

The details you have provided will be used by Equity Red Star Services Limited to process your request in accordance with the Data Protection Act 1998 and other applicable laws. We share data with approved organisations for underwriting and fraud prevention purposes. Your data may also be processed outside the European Economic Area. In all instances we take steps to ensure an adequate level of protection is given to your information. In order to assess the terms of an insurance contract or administer claims that arise, we may need to collect data that the Data Protection Act 1998 defines as sensitive (such as medical data or criminal convictions). In order to process your information for the purposes of providing insurance and claims handling, it may be necessary to pass your information to carefully selected third parties and other Group companies. By proceeding with this application you signify your consent to such information being processed this way.

If you have any queries, please contact the Company Secretariat at: Equity Insurance Group Limited, Library House, New Road, Brentwood, Essex, CM14 4GD.

DECLARATION I/We understand that you will pass the information on this form, and about any incident I/We may give details of to IDS Ltd, MCL Software Ltd and 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, IDS Ltd, MCL Software Ltd and ABI may pass you information they have 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 or supplied in a supplementary schedule(s) (on which the Underwriters will rely when deciding whether to accept the risk and in fixing the premium) are true to the best of my/our knowledge and belief and that the vehicle(s) described is/are in roadworthy condition 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 its terms, conditions and exceptions. I/We also agree that if anything on this form has been written by another person, he or she acted as my/our agent for this purpose.

I/We hereby consent to any information you may have about me/us being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.

I/We undertake that the vehicle(s) will not be driven by any person(s) who to my/our knowledge:-

- (a) has been refused any motor vehicle insurance or continuance thereof.
- (b) suffers from a notifiable condition not notified to DVLA. You are reminded that you are required by law to inform Drivers Medical Group, DVLA, Swansea SA99 1TU, at once, if you have any disability (including any physical or mental condition) which is or may become likely to affect your fitness as a driver.
- (c) has during the last 5 years been convicted of any of the following motor offences:-
 - manslaughter, causing death by dangerous driving, dangerous driving, driving under the influence of drink or drugs, failing to stop after an accident, any offence or combination of offences which resulted in suspension from driving, unless such person(s) has been declared to the Underwriters and given permission to drive such vehicle(s).

We agree that this proposal and declaration will be the basis of all contracts of motor insurance between ourselves and the Underwriters.

Signature and status of person signing on behalf of the Proposer.

<input type="text"/>	<input type="text"/>
SIGNATURE	DATE
<input type="text"/>	
STATUS	

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