

TUDDOR

**PROPOSAL FORM
FOR
FLEET
INSURANCE**

BROKERS/INTERMEDIARIES

MOTOR FLEET PROPOSAL

Broker/Intermediary Account No. and Ref.

IMPORTANT - PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION

1. GENERAL INFORMATION

Proposer's Name in Full				
Postal Address				
	Postcode (please complete in all cases)		Tel. No.	
Full Description of Business				
If you own subsidiary companies are they all to be included? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If only specified subsidiary or any associated companies are to be included please state names				
Are you registered for VAT? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what percentage can you recover? <input type="text"/> %				
Insurance required: From <input type="text"/> To <input type="text"/>				
Indicate cover required:- Comprehensive/Third Party Fire and Theft/Third Party Only				

2. VEHICLES AND TRAILERS

NOTE: The details of all vehicles and trailers to be insured at the inception of this insurance are to be provided in the Vehicle and Trailer Particulars Section on the reverse of this form or in a similar format.

- Please state total number of vehicles owned, hired, leased or lent to you
- Do you require cover for trailers? YES NO
If YES,
 - please state total number of trailers owned, hired, or lent to you
 - is cover required for unspecified trailers? YES NO
 - is cover required:-
 - only whilst attached to the towing vehicle? YES NO
 - whilst attached or detached? YES NO
- Do you ever have vehicles and/or trailers situated on the same premises where their total market value exceeds £250,000? YES NO
If YES, please give full details below including total market value.
- Please indicate on schedule overleaf what vehicle security is fitted e.g. Alarm, Immobiliser or Tracker

3. USE

- Are passengers to be carried for hire or reward? YES NO
- Are goods to be carried for hire or reward? YES NO
If YES, will the carriage of goods be confined to a 100 mile radius of the garage address of the vehicle? YES NO
- Will goods of an inflammable, corrosive, explosive or dangerous nature be carried? YES NO
- Will any vehicle be used 'airside' or in close proximity to aircraft? YES NO
- Will any vehicle be used outside the United Kingdom for business purposes? YES NO
If YES, to 3, 4, or 5 above, give full particulars
- Will any vehicles be HIRED out to other operators? YES NO
If YES, will the driving be limited to yourself and your employees? YES NO

4. DRIVERS

1. Does any person who to your knowledge will drive, suffer from:

(a) diabetes, epilepsy, heart condition:

YES NO

(b) any other disease or physical infirmity which could impair the ability to drive?

If YES, to either (a) or (b) above, give full particulars

2. During the past five years has any person who to your knowledge will drive:

YES NO

(a) been subject to a driving disqualification?

(b) been convicted of (or is any prosecution pending for) any motor offence involving:
drink or drugs (offence code DR)?

reckless driving (offence code DD)?

failing to stop or report an accident (offence code AC)?

incurred any fixed penalty points?

If YES, to any of the above, give dates and full particulars (Licensing Authority Offence Codes which appear on the holder's licence should be quoted)

3. Has any person who to your knowledge will drive been refused motor insurance or continuance thereof?

YES NO

If YES, give dates and full particulars

4. Is it your practice to examine the driving licence and make enquiries about the driving history of each person before they are first permitted to drive for you?

YES NO

5. CLAIMS RECORD

State name(s) of previous Motor Insurers & Policy No's

An authenticated claims experience from previous Insurers for the past three years must be provided

6. VEHICLE GLASS REPLACEMENT

If you wish to receive details of the windscreen replacement and direct billing services subject to cover being provided, please give the name of your Fleet Manager and telephone number who Autoglass can contact.

Contact

Telephone No.

Important Notes

1. Before signing this form please read the questions and answers given, especially if the form is not completed by you. Failure to disclose any facts that the Company would regard as likely to affect the acceptance and assessment of the proposal could result in your insurance being declared invalid. If you have any doubt about whether a particular fact should be declared, you should disclose it.
2. You should keep a record of all information supplied to the Company for the purpose of entering into this contract (including copies of letters).
3. Full details of the cover provided and exclusions appear in the policy document, a copy of which is available on request.
4. A copy of this proposal form will be supplied on request, within three months of completion.
5. 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 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.
6. We and you are free to choose the law which will apply to this policy, but in the absence of any agreement to the contrary the law of the country in which you reside at the commencement of this insurance will apply. If you are not resident (or in the case of a business, the registered office or principal place of business not situated) in England or Wales, Scotland, Northern Ireland, the Channel Isles or the Isle of Man, the law in England and Wales will apply.

DECLARATION I/We declare that to the best of my/our knowledge and belief the statements made in this proposal form are true and complete and I/we have not withheld any material information. If such statements are computer printed or in the writing of another person, the person keying the information into the computer system or completing the proposal form acted as my/our agent for these purposes.

I/We now invite HSBC Insurance (UK) Limited to act upon these statements and issue a contract of insurance between me/us and HSBC Insurance (UK) Limited.

I/We consent to the seeking of information from other Insurers to check the answers I/we have given, and to authorise the giving of such information for such purposes.

I/We understand that you will pass the information on this form and about any incident I/we may give details of to 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 agree to accept the insurers' policy subject to its terms, conditions and exceptions.

Date	Signature of Proposer and Status
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