



COMMERCIAL VEHICLE PROPOSAL FORM

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Chelmsford
Essex CM1 1WZ

Tel: 01245 272700

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PLEASE ANSWER ALL QUESTIONS FULLY IN BLOCK CAPITALS
If there is insufficient space for any answers please continue on the back page

1. PROPOSER

PERIOD OF INSURANCE

COMPANY NAME/FULL NAME			
ADDRESS			
POSTCODE			
TELEPHONE NO.		FAX NO.	
BUSINESS/OCCUPATION			

Cover to commence

:

hours on

for 12 months

Broker use only-FSA Client Classification-please tick

Retail ()

Commercial ()

2. VEHICLE DETAILS

Make & Model inc. Trailers	Gross Plated or Train Weight	Carrying Capacity	Type of Body (e.g. Van/Pick Up)	No. of Seats	Year of Make	Date of Purchase	Price Paid	Present Value	Registration Number
							£	£	

3. SECURITY DETAILS (Give full details)

Is the vehicle Alarmed or Immobilised with any Security device? YES NO If YES please indicate below.

Factory Fitted Thatcham Approved Category ONE TWO Other Please specify overleaf

4. COVER REQUIRED

Indicate [✓] required

Comprehensive Third Party Fire & Theft Third Party Only

5. VOLUNTARY EXCESS

Indicate [✓] required

Please indicate the amount you are willing to bear towards damage to your own vehicle (Comprehensive Cover only). £100 £150 £250

(Note: There may be additional Excesses imposed by underwriters in respect of the type of vehicle, or driving experience)

6. DRIVER DETAILS

Are you willing for driving to be restricted to: Indicate [✓]

One Named driver Two Named drivers All the drivers named below Any licenced driver over the age of 25

Please give details of yourself and all persons who to your knowledge may drive the vehicle. Any persons under 25 who may drive must be disclosed.

	Driver 1	Driver 2	Driver 3	Driver 4
Full Name				
Date of Birth				
No. of years resident in UK				
Occupation (inc part-time) if unemployed also state past occupation				
Name of Employer				
Nature of Employer's Business				
Are you Self-Employed?	YES/NO	YES/NO	YES/NO	YES/NO
Type of UK driving Licence held	FULL/PROVISIONAL	FULL/PROVISIONAL	FULL/PROVISIONAL	FULL/PROVISIONAL
Year in which UK driving test passed. If within last 3 years give exact date.				
Indicate (✓) the main user				

7. USE OF VEHICLE

In addition to the carriage of your own goods, will the vehicle be used (tick as appropriate):

For the carriage of other people's goods? NO YES

For the carriage of passengers for hire or reward? NO YES

For the carriage of explosive/hazardous goods? NO YES

By any other person in connection with THEIR business/occupation? NO YES If so, by whom

By any non-employee between home and place of business/study? NO YES If so, by whom

For any other purpose? NO YES If so, give details

Please state nature of goods carried

8. VEHICLE AND OWNERSHIP

(a) Has the vehicle body or engine been modified in any way from the makers standard specifications? NO YES

(b) Is anyone other than you the owner and/or registered keeper of the vehicle? NO YES

(c) Do you own or have the use of any other vehicles? NO YES

(d) Does the vehicle have left hand drive? NO YES

(e) Does the vehicle have more than 6 seats, including the driver's? NO YES

(f) Is the vehicle normally kept at and used from an address different from that given above? NO YES

(g) What is the base from which vehicle operates _____

Is the car normally kept overnight (✓): In a locked garage, yard or compound Off the road On a public road Other (give details below)

IF YOU HAVE ANSWERED "YES" TO QUESTION a), (b), (c) or (f) ABOVE, PLEASE GIVE DETAILS HERE (PLEASE USE OVERLEAF IF REQUIRED).

9. DRIVERS HISTORY

Have you or anyone who will drive:

a) been involved in any motor accidents or made a claim (fault or non fault) during the last 3 years? No Yes

b) been convicted of any motoring offences (other than parking) or any criminal conviction, or have a prosecution pending, or sustained a fixed penalty resulting in an endorsement of the licence which is still in force? No Yes

c) an uncorrected defect in vision or hearing, physical or mental infirmity, or suffered from diabetes, epilepsy or any heart complaint? No Yes

d) been declined motor insurance or had a policy cancelled or special terms imposed? No Yes

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS PLEASE GIVE DETAILS BELOW OR OVERLEAF IF REQUIRED.

9a. ACCIDENTS AND LOSSES

Name of Driver	Date of Accident/Loss	Brief Details	Third Party costs	Own costs	Did you recover your own costs
			£	£	YES/NO
			£	£	YES/NO

9b. CONVICTIONS, PENDING PROSECUTIONS, DISQUALIFICATIONS (Refer to Driving Licence if necessary)

Name of Driver	Date of Offence	Date of Conviction	Offence Code	Penalty Points	Licence Endorsed	If the offence was alcohol related state level of reading in m'gms/m'ltr	Length of Ban Yrs/Months	Did accident occur
					YES/NO			YES/NO
					YES/NO			YES/NO

9c. DISABILITIES AND MEDICAL CONDITIONS (A medical report may be required)

Name of Driver	Receiving Treatment now	Description of disability/condition	Advised DVLA at Swansea
	YES/NO		YES/NO

9d. GIVE DETAILS WHY DECLINED/CANCELLED/TERMS IMPOSED

10. INSURANCE HISTORY AND NO CLAIM DISCOUNT

Name of present/previous insurer _____ Policy No. _____

Expiry Date _____ How many years No Claims Bonus are you claiming _____

(You must provide evidence from your insurer (not broker) to confirm your entitlement to No Claims Bonus)

GENERAL INFORMATION	
CANCELLATION REFUNDS	
You may cancel your Insurance at any time by returning your Certificate of Insurance. So long as no claim or incident has occurred in the current period of Insurance the following scale of return premiums applies (subject to the full annual premium having been paid).	
Period not exceeding	Amount returned
1 Month	75%
2 Months	70%
3 Months	50%
4 Months	40%
6 Months	30%
8 Months	10%
over 8 Months	Nil
Please note: A minimum premium of £40.00 including Insurance Premium Tax (IPT) will apply.	

WARNING
Theft of and from vehicles in the UK is a major problem. You should ensure that every possible precaution is taken to avoid your vehicle becoming another victim of this crime. Do not leave your keys in your unattended vehicle at <u>ANY TIME</u> or leave your vehicle unsecured whilst it is unoccupied. Failure to take these precautions could result in a claim not being paid.
It is important that any driver who is likely to drive, must be disclosed on this Proposal Form. All accidents and convictions must be disclosed.
Failure to do so could result in a claim not being paid.

ADDITIONAL INFORMATION

Please use this area if there is insufficient space on the form overleaf for any of your answers.

Question No.	Details

IMPORTANT NOTES - QBE Insurance (Europe) Limited reserves the right to decline any Proposal or impose special terms. A copy of this Proposal will be issued to you if requested within 3 months of completion. You should keep a complete record of all information supplied to QBE Insurance (Europe) Limited, including copies of all letters. A specimen Insurance Document is available on request.

Material Facts: When completing this Proposal Form, you must disclose to QBE Insurance (Europe) Limited all material facts and failure to do so could result in your policy being invalidated. Material facts are those which might influence the acceptance or assessment of your Proposal i.e. driving convictions, vehicle modifications. If you are in any doubt as to whether a fact is material, you should disclose it. Failure to do so may completely invalidate your insurance and leave you without cover. It is an offence under the Road Traffic Act to withhold or suppress any material information, or to make a false statement to obtain motor insurance.

Fraud Act 2006: If you knowingly provide an answer/information which is untrue or fail to disclose information which may affect indemnity under the policy or the premium payable (e.g. previous accidents), it may be a criminal offence punishable on conviction with up to 10 years imprisonment and/or a fine.

Claims and Underwriting Exchange and Motor Insurance Anti-Fraud and Theft Database: Your details may be passed to the Claims and Underwriting Exchange Register (CUE) run by Insurance Database Services Ltd (IDSL) and the Motor Insurance Anti-Fraud and Theft Register (MIAFTR) run by the Association of British Insurers (ABI). We also exchange information with the Police and/or other Insurers and/or other organisations through various other databases. The aim is to help us check information provided and also to prevent fraudulent claims. Under the conditions of your Insurance Document with us, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

Motor Insurance Database: Your Insurance Document details will be added to the Motor Insurance Database (MID) run by the Motor Insurers Information Centre (MIIC). MID data may be used by the DVLA and DVLNI for the purpose of Electronic Vehicle Licensing and by the Police for the purposes of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance document and/or for preventing and/or detecting crime. If you are involved in an accident in the UK or abroad, other UK Insurers, the Motor Insurers Bureau and the MIIC may search the MID to obtain relevant document information.

Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID.

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

Data Protection: In addition to the above databases, your information may be disclosed to Agents and Service Providers appointed by us, such as Claims Handling Agents, Approved Engineers and Investigative Agents. Your information may also be transferred to any country including countries outside the European Union, for the purpose of administration. Your information may be shared with other members of QBE Insurance Group. Information held about you may, with some exceptions, be obtained by application to the appointed Data Controller.

QBE Insurance (Europe) Limited is a member of the QBE Insurance Group. QBE Insurance (Europe) Limited is authorised and regulated by the Financial Services Authority. FSA Registration Number 202842.

DECLARATION - I/We declare that to the best of my/our knowledge and belief the answers given on this proposal whether by me/us or on my/our behalf, are complete and true and that I/We have not withheld any material information. I/We undertake that the vehicle(s) to be insured will be kept in a roadworthy condition and will not be driven by any person who to my/our knowledge has been refused motor insurance or continuation thereof and will not be used for purposes other than those stated. If this proposal has been completed on my/our behalf, I/We agree the person is deemed to be my/our Agent and not an Agent for QBE Insurance (Europe) Limited and that I/We have read the information provided before signing the form. I/We agree that this proposal is subject to English Law and shall be the basis of the contract between me/us and QBE Insurance (Europe) Limited.

I/We confirm that I/we have read and understood the above declaration and the important notes overleaf.

Proposer's Signature

Date

If in company name,
state position held

The Underwriters reserve the right to decline any proposal.