



**QBE**

# **PASSENGER CARRYING VEHICLES PROPOSAL FORM**

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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**

NAME OF PROPOSER & TRADING TITLE	
ADDRESS	
POST CODE	
TELEPHONE NO.	FAX NO.
EMAIL ADDRESS.	
VAT REGISTRATION NUMBER	PERCENTAGE OF VAT RECOVERABLE
BUSINESS DESCRIPTION	HOW LONG HAVE YOU TRADED?
HAVE YOU EVER TRADED IN ANOTHER NAME? YES/NO IF YES GIVE DETAILS	
ARE YOU ASSOCIATED WITH OTHER COMPANIES? YES/NO IF YES GIVE DETAILS	
OPERATORS LICENCE NUMBER	
WHICH COUNCIL LICENCES YOU	

Cover to commence

\_\_\_\_\_ :

\_\_\_\_\_ hours on

\_\_\_\_\_ for 12 months

Broker use only-FSA Client Classification-please tick  
Retail ( )  
Commercial ( )

**2. DRIVERS - Physical Defects**

a) Do you or any other person who may drive, suffer from or has at any time suffered from uncorrected defective eyesight or hearing, physical infirmity, mental illness, heart complaint, diabetes, epilepsy, fits or black-outs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b) been involved in any motor accidents or made a claim (fault or non fault) during the last 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c) 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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d) an uncorrected defect in vision or hearing, physical or mental infirmity, or suffered from diabetes, epilepsy or any heart complaint?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e) been declined motor insurance or had a policy cancelled or special terms imposed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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

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**3. CONVICTIONS, DISQUALIFICATIONS (within last 5 years), PENDING PROSECUTIONS, (Refer to Driving Licence if necessary)**

Within the past 5 years, have you or anyone who to your knowledge will drive, been convicted of any motoring offence, disqualified from driving, or is any prosecution pending? YES  NO  If YES give details below

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'litre	Length of Ban Yrs/Months	Did accident occur
					YES <input type="checkbox"/> NO <input type="checkbox"/>			YES/NO
					YES <input type="checkbox"/> NO <input type="checkbox"/>			YES/NO
					YES <input type="checkbox"/> NO <input type="checkbox"/>			YES/NO

**4. AGE/EXPERIENCE**

Give details below of any driver who is: (a) under the age of 25 (b) over the age of 65 or (c) has not held a full UK driving licence for 2 years in respect of the class of vehicle being driven. If none, please state 'NONE'

Name	Age	Licence Type	Date Test Passed

**5. ACCIDENT/CLAIMS HISTORY**

Within the last 3 years, have you or any person who may drive, been involved in any accident, claim or loss? YES  NO   
If the answer if YES, give details below, or if a fleet rated policy attach the confirmed claims experience or proof of no claims bonus.

Name	Date of Accident	Circumstances	Cost	Did a prosecution arise?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

If you have answered YES to any of the questions in Sections 2, 3, 4, 5, please attach copies of the relevant driving licences to the proposal form

**6. VEHICLES AND OWNERSHIP**

How many vehicles are currently owned by you?

How many vehicles are operated by you?

Do you own other vehicles not covered by this insurance?  YES/NO

If the answer is YES give details below:

Are any vehicles owned or registered to someone else?  YES/NO

If the answer is YES give details below:

Has any vehicle been modified, adapted, or fitted with any special apparatus?  YES/NO

If the answer is YES give details below:


**Details of Vehicles to be Insured**

Make & Model	Purchase date	Seats	Type of body	Year of make	Estimated value	Registration Number	Cover

**7. USE OF VEHICLES**

What is the general nature and purpose of use?

Are the vehicles used for:

Private Hire	<input type="text"/> YES/NO	Public Hire	<input type="text"/> YES/NO	Express Shuttle	<input type="text"/> YES/NO
Stage Use	<input type="text"/> YES/NO	Town or City Bus Service	<input type="text"/> YES/NO	Rural Bus Service	<input type="text"/> YES/NO

Will the vehicles be used for the commercial travelling/soliciting for orders?  YES/NO

Airside. Will the vehicles be used at airports in areas normally closed to the public?  YES/NO If the answer is YES give details below:

Will the vehicles be used for the carriage of hazardous/dangerous goods?  YES/NO If the answer is YES give details below:


Will the vehicles be used on the Continent of Europe?  YES/NO If the answer is YES give details below:

Number of trips per annum	Number of days per annum	List Countries visited

**8. INSURANCE HISTORY AND NO CLAIMS BONUS**

Name of Insurer  Policy Number  Expiry date

Has any Insurer in the past 5 years refused you motor insurance or declined to renew your insurance?  YES/NO

Cancelled cover or imposed special terms?  YES/NO

If the answer to either question is YES, give details below:

## ADDITIONAL INFORMATION

Please use this area if there is insufficient space on the form 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 you know or believe might be untrue you may be committing a criminal offence. You must also disclose all information which you know, or believe, may be relevant [e.g. previous accidents] to this policy of insurance. Failure to provide relevant information may be a criminal offence punishable 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.miic.org.uk](http://www.miic.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.

Proposer's Signature

Date

If in company name,  
state position held

The Underwriters reserve the right to decline any proposal.