

# SUMMIT AT LLOYD'S

## MINI FLEET PROPOSAL FORM Underwritten by Summit at Lloyd's

Name of Proposer .....

Full Business Address .....

Proposer occupation – Full Time .....

Proposers occupation – Part Time .....

Are you the actual owner of the vehicle? if NO, give details .....

Are the vehicles registered in you name? If NO, give details .....

YES		NO	
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Other than the vehicles to be insured, do you own or are you responsible for any other vehicles? if YES, give details .....

YES		NO	
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State purpose for which the vehicles will be used .....

### DRIVERS

Give below details of yourself and any members of your family or other persons who may drive the vehicle.

#### All drivers must be disclosed

FULL NAMES FORENAMES	SURNAMES	DATE OF BIRTH	TYPE OF CURRENT UK LICENCE HELD	DATE PASSED UK TEST	HOW LONG DRIVING IN UK	HOW LONG RESIDENT IN UK	DETAILS OF OCCUPATION FULL/ PART- TIME
PROPOSER					Yrs	Yrs	
SPOUSE					Yrs	Yrs	
					Yrs	Yrs	
					Yrs	Yrs	
					Yrs	Yrs	

State name of main user of vehicle(s) .....

Have you or any driver detailed above to your knowledge

<p><b>(a)</b> ever been convicted of any offences or has a prosecution pending in connection with any motor vehicle?</p>	<p><b>(b)</b> suffered from loss of an eye, limb or limbs, defective vision or hearing or any physical defect or infirmity, illness of the heart, diabetes, epilepsy or mental illness?</p>	<p><b>(c)</b> Had any accidents, losses or claims during the past 3 years?</p>	<p><b>(d)</b> ever been declined for motor insurance or had any special terms imposed or a motor policy cancelled?</p>
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If the answer to any of the questions (a), (b), (c) or (d) is YES, please give details below:

CONVICTIONS	PHYSICAL INFIRMITIES	ACCIDENTS/CLAIMS/LOSSES	TERMS IMPOSED
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#### PREVIOUS INSURANCE DETAILS

Have you ever been insured in respect of any type of motor vehicle?

YES		NO	
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Were you a named driver under another motor insurance?

YES		NO	
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Policy Number.....Insurer(s) (Not brokers) .....

Expiry Date ..... Policy Number .....

If entitled to a No Claims Bonus attach Insurer's renewal notice in confirmation

If NO PREVIOUS INSURANCE IN OWN NAME IMMEDIATELY PRIOR TO THIS PROPOSAL, STATE HOW DRIVING EXPERIENCE (IF ANY) WAS GAINED .....

**VEHICLE DETAILS**

Please supply full details of all vehicles and trailers to be covered.

Registration No.	Make	Model	cc	No. of Seats	Year	Value	NCB%

Give details of all losses of claims during the past 3 years:

Year	Number of vehicles At start at end of year	No. of Claims	Cost of paid claims A.D. T.P.	Outstanding A.D. T.P.	Total
20					
20					
20					

Will vehicles be used in the vicinity of aircraft?

YES		NO	
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If YES give details .....

Will Explosives, chemicals, Chemical Byproducts, Acids or goods of a generally dangerous or inflammable nature be carried at any time?

YES		NO	
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If you are in any doubt as to whether any goods carried fall into these categories please advise Underwriters.

Are you registered for VAT?

YES		NO	
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**DECLARATION**

We declare that to the best of our knowledge and belief, the statement and particulars which have been given separately to Summit at Lloyd’s (hereinafter called “The Underwriters”) of ourselves or our agents are true and complete and no material facts have been withheld. We understand that the vehicle will not be driven by any person(s) who to our knowledge: has been convicted of a criminal offence or received a police caution. has been refused any motor vehicle insurance suffers from any disease or physical infirmity which impairs ability to drive has during the past 5 years been convicted of any of the following motor offences: manslaughter, causing death by reckless 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 Underwriters and has been given permission by them to drive such vehicle(s). We agree that this proposal and declaration shall be the basis of the contract between ourselves.

Signature and status of person signing on behalf of the proposer

Signature .....

Status ..... Date .....

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

STATUTORY NOTE: The parties to this insurance contract are free to choose the legal system that applies to it. Unless specifically agreed to the contrary by Underwriters this insurance contract will be subject to English Law, who’s courts shall have jurisdiction in any dispute arising hereinafter. Any enquiry or complaint concerning this insurance should in the first instance be addressed to your broker and then Summit at Lloyd’s. If after taking this action you are still dissatisfied, you may ask the Complaints Department of Lloyd’s to review your case without prejudice to your rights in English Law. The address is: Complaints Department, Lloyd’s, One Lime Street, London EC3M 7HA.

(UNDERWRITERS RESERVE THE RIGHT TO DECLINE ANY PROPOSAL)