



Motor Fleet Proposal Form

Section 1: General

Name of Proposer:	
Trading Name:	
Address:	
Years trading:	
Have you traded in another name? <i>(If Yes please provide details)</i>	
Are you associated with any other companies?	
Operators License Number:	
VAT Registration Number:	
Percentage of VAT recoverable:	%
Phone Number:	
Fax Number:	
E-mail:	
Full Description of Business Activities:	

Section 2: Driver(s) Information

Medical Conditions

Do you or any 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 No

If 'Yes', please provide details below.

Name	Age	Date Diagnosed	Disability Details	Treatment Details	DVLA Advised?

Convictions

To the best of your knowledge, within the past 5 years, have you or anyone who will drive been convicted of any motoring offence, disqualified from driving or has any prosecution pending? Yes No

If 'Yes', please provide details below.

Name	Age	Date Convicted	Offence Code	Penalty Points	Ban length	Level <i>(if Alcohol Related)</i>

Age & Experience

Are you or anyone who may drive under the age of 25, over the age of 65 or has not held a full UK driving license for 2 years in respect of the class of vehicle being driven? Yes No

If 'Yes', please provide details below.

Name	Age	License Type	Date Passed Test

Accidents & Claims

To the best of your knowledge, have you or anyone who may drive been involved in any accident, claim or loss (in the last 3 years)? Yes No

If 'Yes', please provide details below or if a fleet rated policy attach the confirmed claims experience or proof of no claims bonus.

Name	Accident Date	Circumstances	Cost	Prosecution?

If 'Yes' to any of the above please provide copies of the relevant driving licenses.

Section 3: Vehicles

How many vehicles are owned by you?	
How many vehicles are operated by you?	
Estimated maximum market value of any group of vehicles kept at the same premises:	

Do you own any other vehicles not covered by this insurance? Yes No

Are any vehicles owned or registered to anyone else? Yes No

Has any vehicle been modified, adapted or fitted with any special apparatus? Yes No

If 'Yes', to any of the above please provide full details:

--

Vehicles

Make & Model	Purchase Date	GVW/c c/Seats	Body Type	Year	Est. Value	Reg. Number	Cover

Trailers

Make & Model	Type	Est. Value	Serial ID Number	Owned, Leased or Hired?	Cover

Section 4: Usage

1) What is the purpose of use?

2) Will vehicles be used for hire or reward? Yes No

2a) Are passengers carried for hire or reward? Yes No

3) Nature of goods carried:

Are any passenger carrying vehicles used for:

	Yes	No
Private Hire?		
Stage Use?		
Public Hire?		
Bus Service?		
Express Shuttle?		

4) Will the vehicles be used for the commercial travelling/soliciting for orders? Yes No

5) Will the vehicles be used at airports, in areas normally closed for public access? Yes No

If 'Yes', please provide full details:

6) Will the vehicles be used for carrying hazardous or dangerous goods? Yes No

If 'Yes', please provide full details:

7) Will the vehicles be used in mainland Europe? Yes No

Number of trips per year:	Number of days per year:	Countries Visited:

Section 5: Previous Insurance

Name of Insurer:	
Policy Number:	
Renewal Date:	

In the last 5 years, has any insurer refused/declined, cancelled cover or imposed special terms in relation to motor insurance? Yes No

If 'Yes', please provide full details:

Section 6: Declaration

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

Name of Proposer (In block capitals): _____

Signature _____

Dated _____

Please use this space to record the answers to any questions for which you require additional space, noting the appropriate question number.