

# TRADEX

Insurance Company Limited

## COURIER PROPOSAL FORM

PO Box 31116, London E14 9GL • Tel 020 7001 9200 • Fax 020 7068 7760  
Email [special.risks@tradex.com](mailto:special.risks@tradex.com) • [www.tradex.com](http://www.tradex.com)

Proposer's Name

Company/Trading Name

Policy No. (cover note if applicable)

Broker/Agent (if applicable)

### IMPORTANT

- As we wish to process your proposal as quickly as possible, please ensure all questions are fully answered and all required documents are attached.
- For more specialised trades visit our website at [www.tradex.com](http://www.tradex.com)

This policy is designed for either single vehicles or fleets. Motorcycles, cars, vans and Lorries may be insured. The vehicles will be used for the carriage of parcels and packages for hire and reward on a fixed route, multi drop and time critical delivery basis. Vehicles used for the carriage of hazardous goods are not acceptable. No cover is provided for goods in transit. Policies are normally of 12 months duration, shorter periods may be agreed.

Cover Options	Comprehensive	Third Party Fire & Theft	Third Party only
Loss of or damage to the vehicle from			
- Accidental damage	✓	✗	✗
- Vandalism and malicious damage	✓	✗	✗
- Fire including self ignition, lightning & explosion	✓	✓	✗
- Theft or attempted theft or taking of the vehicle without permission	✓	✓	✗
Damage to Windscreen Sunroof and windows	✗	✗	✗
Your liability under the Road Traffic Acts for			
- Death or injury to other people including passengers	✓	✓	✓
- Damage to property up to £2,000,000	✓	✓	✓
- Emergency treatment fees	✓	✓	✓
Legal fees for representation at a coroners inquest, fatal accident enquiry or court of summary jurisdiction	✓	✓	✓
Defence costs in prosecution for Manslaughter or death by reckless driving up to £10,000	✓	✓	✓
Public liability - Limit of indemnity £1,000,000	✓	✓	✓
Legal Expenses Insurance*	○	○	○

**Key** Included ✓ Excluded ✗ Optional ○ \*This cover is provided by DAS

### Principal Exclusions

#### Injury or damage caused

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <ol style="list-style-type: none"> <li>1. Whilst the driver is under the influence of drink or drugs<br/> <ul style="list-style-type: none"> <li>- resulting from suicide attempted suicide or a deliberate act</li> <li>- in power stations, nuclear installations oil gas and chemical processing plants and refineries</li> <li>- whilst carrying dangerous substances</li> </ul> </li> <li>2. Whilst the vehicle "air side" at airports or airfields</li> <li>3. By a driver who is either disqualified from driving or does not hold the appropriate licence for the vehicle</li> <li>4. Loss of use, loss of value following repair, wear and tear electrical or mechanical breakdown</li> <li>5. Theft or attempted theft where :-<br/> <ul style="list-style-type: none"> <li>- the keys have been left in the vehicle</li> <li>- windows door and other openings have not been closed and locked</li> <li>- additional security devices specified by us where not in use</li> <li>- fraud or deception has taken place</li> </ul> </li> <li>6. Loss or damage to satellite navigation equipment unless it was fitted by the manufacturer as original equipment</li> <li>7. Loss damage or liability arising out of war or terrorism</li> <li>8. Pressure Waves</li> <li>9. Radioactive contamination</li> <li>10. Additional costs arising due to parts or replacements not being available in the United Kingdom</li> </ol> | <p>(General Exclusion 1)</p> <p>(General Exclusion 2)</p> <p>(General Exclusion 8)</p> <p>(General Exclusion 9)</p> <p>(General Exclusion 3)</p> <p>(Use and Drivers)</p> <p>(Exclusion 1, Section 2)</p> <p>(Exclusion 6, Section 2)</p> <p>(Exclusion 10, Section 2)</p> <p>(General Exclusion 5)</p> <p>(General Exclusion 7)</p> <p>(General Exclusion 6)</p> <p>(How we will pay your claim)</p> | <p>} except as is required by law</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|

### Principal Exclusions

1. Cancellation - short period rates apply (unless the premium is paid using our direct debit facility) i.e. 25% for the first month of cover and 12.5% for each subsequent month.
2. Failure to pay the premium or any instalment due will result in immediate cancellation of the policy
3. Foreign use is available within Europe, cover is restricted to third party only for certain countries
4. UK law applies unless an alternative jurisdiction is agreed by us at inception of the contract

# THE PROPOSAL

IT IS ESSENTIAL THAT YOU ANSWER ALL QUESTIONS AND ENSURE THAT POSTAL CODES ARE SHOWN

Name of Policyholder

Show trading title if different. State if Sole Trader, Partnership, Limited Company

Trading Address

Post Code  Business Telephone  Home Telephone

## YOUR BUSINESS

Please state the exact usage of the vehicle(s)

Is this a new venture YES  NO  If NO, state date when business first commenced

What is general nature of goods carried

Will goods of the following nature be carried at any time: explosives, chemicals by-products, acids or goods of a generally dangerous, corrosive or inflammable nature YES  NO

If YES, we regret we are unable to provide insurance.

Will vehicles be used for tipping YES  NO  Will vehicles be used in the vicinity of aircraft YES  NO  If YES, give full details

In what area will the vehicle(s) be used

### Do you operate:-

On a fixed route YES  NO

From a central hub YES  NO

Any 'time critical' deliveries YES  NO

Within a fixed radius of the central hub YES  NO

Outside the UK YES  NO  State maximum distance travelled

If YES, please state countries visited

NB. Cover is restricted to Third Party only in certain countries.

## VEHICLE SECURITY

Will all vehicle(s) when not in use be kept at the above address YES  NO

If NO, give full details of garaging address

Will all vehicles when not in use be kept in a locked garage or building or a secure yard YES  NO

If NO, state where such vehicles are left

At policyholder's address in open off road / on road / car park / waste ground / lay-by / other (please state)

What security devices if any, in addition to the manufacturers normal steering lock are fitted to the vehicle

Please give full details of all additional physical protections and alarms

## VEHICLE DETAILS

Are you the actual owner of the vehicle(s) and are such vehicles registered in your name YES  NO

If NO, give full details

Make and full details of model	Type of Body	Year of Make	Engine Size	Type of Fuel Used	Registration Number	GVW/No of Seats including driver	Date of Purchase	Price Paid	Estimated Value
1.									
2.									
3.									

## VEHICLE ALTERATIONS

Have any modifications been made to alter the manufacturers specifications of any vehicle YES  NO  If YES complete the following:

Give details of all modifications including equipment or cranes

Who carried out such modifications Specialist coach builder  Myself  Previous owner

Date of conversion approximately

State estimated value of the basic vehicle £

Estimated cost of replacing fixed modifications £

Total £  Has VAT been reclaimed on this vehicle by you YES  NO

## COVER REQUIRED

**Type of cover** Third Party Only  Third Party Fire & Theft  Comprehensive

Cover to commence  am / pm  Day  Month  Year for 3 / 6 / 12 months

**Note: Cover does not commence until the proposal form has been accepted by TRADEX and a cover note has been issued and is in your possession. Payment Terms: Installment premiums are available. Details of which will be forwarded to you together with the written quotation.**

Are installments required YES  NO

## DRIVERS DETAILS

	Policy Holder / 1st Driver	2nd Driver	3rd Driver
Surname	Mr <input type="text"/>	Mr <input type="text"/>	Mr <input type="text"/>
	Mrs <input type="text"/>	Mrs <input type="text"/>	Mrs <input type="text"/>
	Miss <input type="text"/>	Miss <input type="text"/>	Miss <input type="text"/>
First names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full-time occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part-time occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Post Code <input type="text"/>	<input type="text"/> Post Code <input type="text"/>	<input type="text"/> Post Code <input type="text"/>

## DRIVERS DETAILS (continued...)

	Policy Holder / 1st Driver	2nd Driver	3rd Driver
Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> Age <input type="text"/>	<input type="text"/> Age <input type="text"/>	<input type="text"/> Age <input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>
Married	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Children	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Years resident in UK	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of licence	Full <input type="checkbox"/> Prov. <input type="checkbox"/> Int. <input type="checkbox"/>	Full <input type="checkbox"/> Prov. <input type="checkbox"/> Int. <input type="checkbox"/>	Full <input type="checkbox"/> Prov. <input type="checkbox"/> Int. <input type="checkbox"/>
Years UK licence held	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years

### Home Address (answer only if proposing Fire / Theft / Comprehensive)

Type of Property	<input type="text"/>	<input type="text"/>	<input type="text"/>
Where are Vehicles normally parked	Garaged <input type="checkbox"/> On Runway <input type="checkbox"/> On Road <input type="checkbox"/> Car Park <input type="checkbox"/>	Garaged <input type="checkbox"/> On Runway <input type="checkbox"/> On Road <input type="checkbox"/> Car Park <input type="checkbox"/>	Garaged <input type="checkbox"/> On Runway <input type="checkbox"/> On Road <input type="checkbox"/> Car Park <input type="checkbox"/>

### ACCIDENTS, LOSSES IN CONNECTION WITH ANY OTHER MOTOR VEHICLE DURING THE LAST 5 YEARS

Have you or any person who may drive had any accidents, claims, or losses with any motor vehicle during the past 5 years

	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES complete below	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES complete below	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES complete below
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Damage	Own £ <input type="text"/> Other £ <input type="text"/>	Own £ <input type="text"/> Other £ <input type="text"/>	Own £ <input type="text"/> Other £ <input type="text"/>
Bodily Injury	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of accident(s)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

### CONVICTIONS, OFFENCES & PROSECUTIONS

Have you or any person who may drive ever been convicted or has a prosecution pending for any offence

	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES complete below	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES complete below	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES complete below
(a) Show date(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Conviction code(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) Amount of fine	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
(d) Any suspension	<input type="text"/>	<input type="text"/>	<input type="text"/>

### HEALTH

State details of any physical defect or infirmity (e.g. defective vision or hearing, disease of the heart, diabetes, epilepsy or loss of limbs or use thereof) affecting any driver who may drive.

If NONE, state NONE	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

### PREVIOUS MOTOR INSURANCE

State details if you (or others) have at any time been refused motor insurance or renewal or had a policy cancelled or been asked to agree special terms or premium.

If NONE, state NONE	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

## DRIVERS DETAILS (continued...)

### Previous Insurance and No Claims Bonus details of Proposer

Previous Insurers  Policy Number  Expiry Date   
No Claims Bonus represents  years  
Type of Policy presently held Private Car  Commercial  Motor Trade  Hire or Reward

## TRAILER COVER

Are trailers to be towed Yes  No  If YES give full details below

Do you require wider cover whilst attached / detached  
(no greater cover will be granted for the trailer than for that which applies to the policy as a whole) Yes  No  If YES, give full details below

Make/Model of Trailer	Serial No. or Other Identification	Date Purchased	Price Paid	Current Value	Carrying Capacity or GWV
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note: Trailers are covered only for third party risks whilst attached to the vehicle insured.**

State exact use of trailers and type of goods carried   
What security/theft devices are fitted to the trailers   
Where are trailers left when not in use or detached from towing vehicle

Have you suffered any losses or claims (whether covered by insurance or not)  
during the past 5 years in connection with any of the risks now proposed under the trailer cover Yes  No  If YES, give full details and amounts claimed

## MATERIAL FACTS

Have you suffered any losses (whether insured or not) in respect of malicious  
damage to your property or vehicles you operate or violent attacks on yourself or employees Yes  No  If YES, give full details

Are there any other facts not covered by the questions in the proposal which  
you may consider to be material to this proposal Yes  No  If YES, give full details

## EMPLOYERS' LIABILITY

If you employ anyone on a full time, casual or part time basis you are required under the Employers Liability (Compulsory Insurance) Acts to arrange cover in respect of your legal liability for death or bodily injury including industrial diseases to employees.

Do you require this extension Yes  No

How many people do you employ PAYE Employees  Self employed persons  Casual

What is your weekly wage bill for

PAYE Employees £  Self employed/casual £  Your own weekly drawings £

Have you ever been prosecuted under the Factories Act, the Health and Safety at Work Acts or  
other Statutory Regulations, or had claims been made against you by employees for injury (including industrial diseases) during the past 5 years Yes  No

continued overleaf...

## EMPLOYERS' LIABILITY (continued...)

If YES, give details

  
  
  

## CONTENTS OF VEHICLE – Goods in Transit

Is this cover required Yes  No  If YES, give full description of the goods to be covered

  
  
  

Indemnity limit required £

Maximum value of any one item £

### Excluded Goods

Money, Jewellery, Furs, Watches, Cameras, Precious Metals and Stones, Non-ferrous Metals in raw and scrap form, Tobacco, Cigars and Cigarettes, Spirits, Radios, Television Sets, Tape Recorders and similar articles, video cassettes, clothing and leather goods.

Overnight cover is excluded unless vehicles are kept in a locked garage or terms have been agreed by TRADEX in writing to waive this requirement.

Have you suffered any losses or claims (whether covered by insurance or not)

during the past 5 years in connection with any of the risks now proposed under the goods in transit cover Yes  No

If YES, give full details and amounts claimed

  
  
  

## DECLARATION

1. I declare that to the best of my knowledge and belief the answers are complete and true in every respect.
2. I agree that this proposal form whether signed by me or caused to be signed by me shall be the basis of the contract between the insurers and myself and I agree the standard form of contract for this class of insurance.
3. If the answers to all or any of the questions have been completed by another at my dictation or instruction I confirm that I have read and agreed such answers.
4. I understand that the motor vehicles to be insured will not be driven by any person who to my knowledge has been refused any motor insurance or continuance thereof.

PROPOSERS SIGNATURE

DATE

## STANDARD POLICY – THIRD PARTY ONLY

### Your legal liability to members of the public for:-

- (a) Accidental death or bodily injury to any person.
- (b) Accidental damage to any property £2 million indemnity.
- (c) Legal costs incurred in defending you, claimants awards against you. Solicitors fees for representation at an inquest. Legal costs in defending you against a charge of manslaughter or death by reckless or dangerous driving up to £1,000 legal fees.
- (d) Emergency medical or hospital payments under the RTA.
- (e) Liability of your passengers for their own negligence (e.g. carelessly opening a door).
- (f) Goods falling from your vehicle during the use of or during loading/unloading.

**Excluding:** A minimum of the first £250 (or such excesses as agreed) of any claim made against you in respect of third party property damage. Young or inexperienced drivers excess may apply in addition.

Liability arising from your business activities or property occupied by you or liability assumed under contract.

Death or injury to any person whilst being conveyed in the course of their employment.

Loss or damage to any trailer or vehicle being towed or damage to any property being conveyed by or loaded onto or unloaded from such vehicles or trailers.

## FIRE, THEFT, ACCIDENTAL DAMAGE

Loss or damage to your vehicle including its accessories and spare parts thereon. Where your vehicle has been built for specific use, such coachworks are deemed to be included provided the sum insured you select is adequate.

**Exclusions:** A minimum of £250 of any claim or 10% of the claim, whichever is the greater.

Young or inexperienced drivers excess may apply in addition. The excess shall not operate in addition to the third party excess.

Frost damage, damage to tyres by application of brakes or by road punctures, cuts or bursts.

Malicious damage or any attempt thereat expedited or in any way brought about by an employee, partner, director or member of his family.

Loss or damage to any trailer or vehicle being towed or damage to any property being conveyed or loaded onto or unloaded from such vehicles or trailers.

Loss of use, depreciation or diminution in value, wear and tear or mechanical or electrical breakdown, electrical failures or breakages. Any amount in excess of the cost (or in the case of a vehicle of foreign manufacture the Sterling equivalent of the cost) of any part or accessory according to the manufacturers last published list price plus the reasonable cost of fitting.

Damage caused by defective workmanship or by work being done on the vehicle by the insured or any person acting directly on his behalf.

## DRIVERS

All policies are issued on a named and approved driver basis only. Please ensure you show their full details on the proposal form and read carefully the 'important facts' section below. Driving other vehicles benefits are **not** included.

## USAGE

(a) Social, domestic and pleasure plus private use including journeys between your home and permanent place of business.

(b) Business use as described by you in the proposal but excluding hiring, hire or reward or carriage of passengers for hire or reward, racing, speed testing, motor trade use, unless previously agreed in writing.

## NO CLAIMS BONUS

1 year	claim free	20%
2 years	claim free	30%
3 years	claim free	40%
4 years	claim free	50%

} Earned on a courier policy. An introductory discount may be allowed on production of evidence of no claims bonus earned on a private car, commercial vehicle or other motor insurance.

## IMPORTANT FACTS: – YOUR CONSUMER RIGHTS AND OBLIGATIONS

1. All facts which are likely to influence the acceptance of this proposal must be stated. This obligation is revived at each renewal. Examples are change of address or garage occupation/use/motoring convictions/physical health of insured or named drivers.
2. When proposing for Third Party, Fire and Theft or Comprehensive your duty of disclosure extends to include non-motoring convictions such as acts of dishonesty (fraud, theft or handling stolen goods) or arson. Spent convictions need not be disclosed.
3. Once the cover has commenced, should you wish to cancel the policy, our standard cancellation charge will apply (provided no claims have been reported) namely:

<b>Annual Policies</b>	Period not exceeding 1 month	25% of premium payable. Thereafter at an additional 12.5% per month or part thereof
<b>Short Period</b>	Full premium (i.e. No refund)	

4. Where payment of premium is by instalments, failure to pay such amounts on the due dates will entitle TRADEX to cancel the policy from that date. The time-on-risk premium charges will be calculated in accordance with note 3 above. Instalment premiums can only be collected from the policyholder's bank or building society account, and not the account of others.