

PROPOSAL FORM FOR COMMERCIAL VEHICLE INSURANCE

PLEASE READ THE FOLLOWING IMPORTANT NOTES BEFORE COMPLETING THIS PROPOSAL

WARNING: If you are in any doubt about a particular fact(s) being material to this insurance you should disclose it/them. Failure to disclose all material information may result in this insurance being void from inception - leaving you without insurance cover. You should keep a complete record (including copies of all letters) of all information supplied to Insurers for the purpose of entering into this contract of insurance. Insurers maintain a Motor Insurance Anti-Fraud and Theft Register and exchange information with each other to prevent fraudulent claims.

YOUR DETAILS

1 Title
 Surname
 First Names
 Address

 Post Code
 How long have you been resident at the above address
 Commencement of Cover Date of Birth / /
 a) Is this vehicle kept in a garage overnight YES NO
 b) When not in use where is the vehicle kept during a normal working day. Garage Street Work car park
 Public car park Railway Station car park
 Occupation (including any part time jobs)
 State nature of business

If NO to questions d, e & f give details overleaf YES NO

c) Are you married? YES NO
 d) Are you the legal owner of the vehicle? YES NO
 e) Is the vehicle registered in your name? YES NO
 f) Are you the main driver of the vehicle? YES NO
 g) Is the vehicle leased? If so, give details overleaf. YES NO
 h) Do you own or have use of any other vehicles e.g. Company car etc. YES NO
 i) Type of licence currently held Full Prov
 Other (please provide details)
 j) State period held Years Months
 k) Date of Residency in UK (Please indicate Day, Month and Year)
 Postcode of business from which vehicle will operate

2 WHO WILL DRIVE? Please tick one box: Yourself only You and Spouse only Named drivers

3 DRIVER DETAILS

Please list all persons who may drive including spouse.
 NOTE: Increased excess will apply to all drivers under 25.

NAME (in addition to yourself)	DATE OF BIRTH	OCCUPATION (including any part time jobs)	Type of driving Licence & Period held			Does Driver have use of Own/ Company Car	
			TYPE	YEARS	MONTHS	YES	NO

State whether you or any person who may drive including those listed above:-

a) suffer from diabetes, fits, heart condition, loss of eye or limb or any physical/ mental/alcoholic condition YES NO
 b) have been convicted of any motoring offence (including fixed penalty offences) during the last 5 years or is any police enquiry or prosecution pending YES NO
 c) have been convicted of any non motoring offence YES NO
 d) have been disqualified from holding or obtaining a driving licence YES NO
 e) have been involved in any accident or loss of any kind (including thefts) in connection with any motor vehicle within last 5 years YES NO
 f) have been refused motor insurance at normal terms or had a motor policy cancelled YES NO

YES NO If the answer to any of the questions is YES give details. See overleaf for additional information and space.

4 VEHICLE DETAILS

Make & Model	Type of Body Tippers/Refrigerated/etc	Registration Number	Year	Engine Size	Value	Date of Purchase	Is Vehicle Left Hand Drive		Is it normally kept at above address	
							YES	NO	YES	NO

a) Has the vehicle been modified to change the makers standard specification or alter its performance? This includes cosmetic changes, e.g. body kits, alloy wheels, additional seats, fixtures & fittings and signwriting etc. If yes, please give details overleaf. YES NO
 b) Is vehicle fitted with:- THATCHAM 1 Immobiliser YES NO THATCHAM 2 Immobiliser YES NO NON THATCHAM Alarm or Immobiliser YES NO
 TRACKING DEVICE YES NO (Certificate of fitment must be submitted with Proposal Form.)
 c) Does the vehicle registration document show that the vehicle has been imported from a country outside the European Union? YES NO

5 COVER REQUIRED - Please tick box

Comprehensive Third Party Fire & Theft Third Party Only
 If you require a Voluntary Accidental Damage Fire & Theft Excess, please indicate the amount in the box provided.
 (Other compulsory excess may apply).

7 Do you wish to limit your mileage to qualify for a premium discount? YES NO
 If YES, please state current mileage reading of vehicle
 And anticipated annual mileage

6 USE - Please tick box

YES NO

1. Carriage of own goods only? YES NO
 2. Carriage of goods for hire and reward within 100 mile radius? YES NO
 3. Carriage of goods for hire and reward without radius restriction? YES NO
 4. Will goods of an inflammable, explosive, corrosive or dangerous nature be carried at any time? (Please give details overleaf) YES NO

8 NO CLAIMS DISCOUNT

Indicate number of years

DECLARATION - "I/We declare that the answers given above (on which the Insurer will rely in deciding whether to accept the risk and in fixing the premium) are true to the best of my knowledge and belief, and that no information has been withheld by me/us that might influence the Insurer acceptance and assessment of this insurance, and I/we agree to accept a policy subject to the terms, conditions and exceptions contained therein. I/We understand that, in response to any searches you may make in connection with this application or any incident I/we have given details of, the ABI may pass you information it has received from other insurers about other incidents anyone insured to drive the vehicle covered under the policy have been involved in".
 I/We have read and agreed the answers to all questions on this form whether in handwriting or not.

Proposer's Signature

Date of Proposal

If the proposal should disclose any special features the Insurers may quote special terms and they reserve the right to decline a proposal. Insurers' liability does not operate until acceptance has been notified or a cover note delivered to the Proposer.

ADDITIONAL INFORMATION

VEHICLE OWNERSHIP – Legal owner, registered keeper, main driver, name of leasing company and period of lease

DISABILITIES/PHYSICAL CONDITION – Driver's name, nature of condition, date diagnosed, medication, any restriction on licence

CONVICTIONS/PROSECUTIONS/NON-MOTORING OFFENCES – Driver's name, conviction code, penalty points, disqualification period, offence, date of offence, sentence imposed

ACCIDENTS/LOSSES – Driver's name, circumstances, date, costs etc.

VEHICLE MODIFICATIONS –

ANY OTHER DETAILS INCLUDING DETAILS OF ANY HAZARDOUS GOODS

EXCLUSIONS – A comprehensive list of exclusions will be supplied upon request.

Examples are:- Loss or damage to the vehicle will not be covered if the vehicle is not covered by a valid Department of Transport test certificate (MOT), if one is needed by law.

I declare that to the best of my knowledge and belief the additional information given above is true and complete.

Signature

Date

DISPUTES PROCEDURE – It is always our intention to provide a first class standard of service. However, if a dispute regarding the policy cannot be resolved by reference to the intermediary, it may be referred to:- The Chief Executive Officer, Zenith Services UK Limited, Zenith House, Market Place, Haywards Heath, West Sussex RH16 1DB.

RIGHT TO CHANGE YOUR MIND – The policy provides you with a 14 day reflection period to decide whether you wish to continue for the full policy. This is subject to certain terms, including a minimum time on risk charge.

FULL DETAILS OF THE COVER AFFORDED CAN BE OBTAINED FROM YOUR INSURANCE ADVISOR. A SPECIMEN POLICY IS AVAILABLE ON REQUEST.

CANCELLATION OF INSURANCE BY THE INSURED (Quotations are offered for annual contracts only)

From the date of receipt of the Certificate of Insurance and providing no claim has been made or is outstanding a refund of premium will be made in accordance with the scale shown below.

Period of contract in force – NOT EXCEEDING	1 MONTH	2 MONTHS	3 MONTHS	4 MONTHS	6 MONTHS	8 MONTHS	OVER 8 MONTHS
Percentage Return Premium Allowable	75%	65%	50%	40%	25%	10%	No Return

A MINIMUM PREMIUM OF £40 + IPT (INSURANCE PREMIUM TAX) WILL ALWAYS APPLY

Insurers pass information to the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident we will pass information relating to it to the register.

Your policy 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 policy and/or for preventing and detecting crime. If you are involved in an accident (in the UK or abroad), other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to obtain relevant policy 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

DATA PROTECTION – We may pass information about the client and this policy to other insurance companies with which we either reinsure our business or who are dealing with a claim made under this policy. In addition, information may be passed to other insurance bodies in common with industry practice. These companies may be located in countries outside the UK but within the European Economic Area ("EEA").

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