

Putting your business first

Your Van

Application Form

Application form

Agency
Town

Agency reference
Policy number

Important notes

1. Please complete in BLOCK LETTERS, and give a definite answer to each question.
2. Only those areas in white blocks should be completed by the Proposer.

Your personal details

1. Name in full <small>Mr/Mrs/Miss/Ms/Other title</small> <i>Delete as applicable</i>	
Postal address in full <i>Postcode must be completed in every case</i>	
Full postcode	
Age	Date of birth / /19 Sex m <input type="checkbox"/> f <input type="checkbox"/>
Marital Status <i>single/married/divorced/partnered</i>	Daytime tel. no. <i>inc STD code</i>
Main Occupation/Profession <i>including part time</i>	
Employers Business	
Nature/type of employment <i>Employed/Self Employed/Retired/Unemployed</i>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
2. Driving licence – please answer this question if you are to drive any of the vehicles covered under this policy	
Type of licence currently held <i>eg Full private car UK licence</i>	Date licence obtained / /

Vehicle details – Space has been provided below for up to four vehicles. Maximum 4 vehicles per policy.

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
3. Is the vehicle's gross vehicle weight over 3.5 tonnes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If 'yes' do not proceed with this application. Obtain an Aviva 'Premier Truck' quotation and complete the appropriate application form.</i>				
4. Registration mark				
5. Year of manufacture				
6a. Make of vehicle <i>eg Ford</i>				
6b. Model of vehicle <i>eg Transit 330 LWB Hi Roof 90 HP</i>				
7. Vehicle ABI code <i>(ask your insurance adviser for this)</i>				
8. Engine size cc				
9. Vehicle fuel type <i>eg petrol/diesel</i>				
10. Number of seats <i>including driver</i>				
11. Right Hand or Left Hand drive				
12. Estimated value <i>including any fixtures and fittings</i>				
13. Is the vehicle normally kept at the above address? If 'no' please state address <i>Postcode must be completed in every case</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Where is the vehicle normally kept overnight? <i>eg locked garage/compound, your driveway/private land,</i>				
15. Please indicate the signwriting on your vehicle(s) by ticking the applicable option:				
a) None				
b) Magnetic/removable signs				
c) Painted signs <small>(under 25% of side and doors)</small>				
d) Painted signs <small>(over 25% of side and doors)</small>				

Vehicle details – continued

16. Vehicle body type - indicate the box (by putting the number of the vehicle 1, 2, 3 or 4) which best describes your vehicle(s).
- Van/Luton Van Refrigerated Van Pick-up Hot Food Dispensing*#
- Mobile Shop* Horsebox Tipper* Milk Float
- Ice Cream Van* Other - Please give full description

*These vehicles are not acceptable for risks in Northern Ireland
Cover for fire and food poisoning is excluded for these vehicles

17. Have any changes been made to the makers/body builders specifications for any of the vehicles mentioned above other than being adapted solely for any physical disability?

Yes No

If 'yes' please indicate which vehicle(s) (1, 2, 3 or 4) and give details:

18. Has one of our accepted vehicle security devices been fitted to any of the above vehicles?

Yes No

If 'yes' please attach a copy of the Vehicle Systems Installation Board (VSIB) fitting certificate.

19. Are you the owner of the above vehicle(s) and are they registered in your name? Yes No

If 'no' state number of the vehicle(s) (1, 2, 3 or 4) and give the reason for it being insured in your name, and state the name of the owner(s).

20. State the total number of commercial vehicles owned now and in the past 3 years.

now owned last year 2 years back 3 years back

21. Do you carry hazardous or dangerous goods* and/or do you visit hazardous or dangerous sites or locations**?

Yes No

If 'yes' to any part of Q21, cover will **not** be available unless specifically agreed by the Company.

*e.g. corrosive, toxic, radioactive, infectious, explosive or inflammable goods.

**e.g. chemical / Oil / Gas works or refineries, Nuclear Installations, Power Stations, Bulk storage or production premises in the Explosive, Ammunition or Pyrotechnic Industries, Ministry of Defence premises, Military Bases, Airports / Airside or in proximity to aircraft.

Cover

22. Please indicate your annual mileage:

Vehicle 1 _____ 2 _____ 3 _____ 4 _____

23. What is the exact mileage reading shown on the speedometer of the above vehicles?

Vehicle 1 _____

Vehicle 2 _____

Vehicle 3 _____

Vehicle 4 _____

24. Are you, or have you been insured in your own name in respect of any motor vehicle (apart from any covernote issued with this application)? Yes No

If 'yes' indicate the number of years no claim discount to which you are entitled on each vehicle. Attach previous insurer's Renewal Notice or other proof.

Vehicle 1 _____ 2 _____ 3 _____ 4 _____

25. Will any of the vehicles be used for the carriage of goods for hire or reward? Yes No

If yes, please tick:

Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4

26. Tick as required: Comprehensive Third Party Fire and Theft

Vehicle 1

Vehicle 2

Vehicle 3

Vehicle 4

27. Would you like to increase your excess in return for a premium reduction? If so, please indicate which voluntary excess* value you would like for which vehicles:

	£150 (total £270)	£400 (total £520)	£650 (total £770)
Vehicle 1			
Vehicle 2			
Vehicle 3			
Vehicle 4			

The amount shown in brackets is the total excess (the standard policy excess plus the voluntary excess) and may be higher for young drivers (see below).

*Voluntary excess applicable to all own damage (excluding glass) and theft claims - available only to proposers aged 25 or over with comprehensive cover. Our standard policy contains a £120 excess (applicable to own damage claims excluding glass, and increased for young drivers).

Options

Please tick if cover is required per vehicle

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
28. Breakdown assistance (Comprehensive only)				
29. Replacement van				
30. Protected no claim discount <i>Available to individuals aged 25 or over and firms where the proposer has at least 5 years NCD</i>				

Vehicle driver details

31. Do you wish to restrict driving to named persons? Yes No

If 'yes' please indicate which option you require per vehicle in the tables below. There are two tables, Table 1 to be completed if you are insuring the vehicle(s) individually in your own name and Table 2 to be completed if you are insuring in the name of a firm or company.

Table 1

Individuals	Yourself only	Yourself & one named driver <i>(insert name)</i>	Yourself and named drivers <i>(no limit)</i>
Vehicle 1			
Vehicle 2			
Vehicle 3			
Vehicle 4			

Table 2

Firms/companies	One named driver	Two named drivers	Named drivers <i>(no limit)</i>
Vehicle 1			
Vehicle 2			
Vehicle 3			
Vehicle 4			

32. If your answer to question 31 was 'no', please tick one of the options below per vehicle.

Any authorised driver Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4

Any authorised driver aged 25 or over Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4

33. Please provide the following details for known drivers *other than the Proposer*:
(Details of known drivers should still be supplied if 'Any authorised driver' is selected in question 32).

Names in full <i>Mr/Mrs/Miss/Ms/Other Title</i>			
Age			
Date of birth			
Sex m/f			
Marital Status: <i>Single/Married/Divorced/Partnered</i>			
Relationship to proposer <i>eg Partner, brother, sister, parent, daughter, son, employee of proposer, family, business partner, other</i>			
Main occupation			
Nature/type of employment			
If employed state employers business			
Current driving licence details <i>eg Full private car UK licence</i>			
Date licence obtained			

34. If any of the above drivers are under 25 years old please advise if they own another vehicle which is insured separately? Yes No If 'yes' state the name of the insurer _____

35. Do you or any of the drivers on the policy have an RAC or Institute of Advanced Motorists driving qualification?
If yes, please state qualifications and driver(s). Yes No

Please complete the following information for ALL drivers AND the Proposer (whether they are a driver or not).

36. Have you or any of the drivers ever had their licence revoked or had any restrictions imposed?
If 'yes' state which driver and the reason. Yes No

37. Please state the usage of each vehicle by each individual driver – please refer to usage definitions below.

Main – The driver that uses the vehicle more than any other driver
 Frequent – The driver that drives the vehicle once or more a week on average
 Infrequent – The driver that drives the vehicle less than once a week on average
 Excluded – The driver that is excluded from driving the vehicle

Please put *the names* of the drivers in the relevant boxes

	Main	Frequent	Infrequent	Excluded
Vehicle 1				
Vehicle 2				
Vehicle 3				
Vehicle 4				

38. Medical Conditions

Do you or any of the drivers have (or have a history of) defective vision or hearing (not corrected by glasses or a hearing aid) diabetes or any disease or any physical or mental infirmity or fits of any kind? Please give full details including the name of the driver. If none state 'none'.

Has the condition(s) mentioned above been advised to the DVLA and have they agreed to the issue of a licence? Yes No

If 'no' please state name of driver and give the reason: _____

39. Loss History

Have you or any of the drivers had an accident or suffered damage, fire or theft losses involving a motor vehicle in the past 3 years.
 If 'yes' please give full details below.

Yes No

Name of driver			
Date of incident – <i>month/year</i>			
Type of incident <i>eg accident/theft</i>			
Amount of claim			
Was the driver judged to be at fault			

Note: Any loss should be disclosed whether or not a claim was submitted to the insurer concerned.

40. Convictions

Have you or any of the drivers incurred any driving convictions, cautions or fixed penalties in the past five years? You should also disclose any pending prosecution or police enquiry. If 'yes' please give full details below.

Yes No

Name of driver			
Conviction details/code <i>eg speeding/drink driving</i>			
Date of offence & conviction <i>month/year</i>			
Points and or fine incurred <i>if applicable</i>			
Period of disqualification <i>if applicable</i>			
Alcohol measurement type <i>if applicable</i>	(blood/urine/breath)	(blood/urine/breath)	(blood/urine/breath)
Alcohol reading <i>if applicable</i>			

41. Non Motoring Offences

Have you or any of the drivers been convicted during the past 5 years of any offence relating to fraud, robbery, theft or handling stolen goods?

Yes No

If 'yes' please give full details below. You should also disclose any pending prosecution or police enquiry.

Name of driver			
Details of offence			
Date of conviction – <i>month/year</i>			

42. Have you or any of the drivers ever had a previous policy cancelled, declined or refused renewal by another insurer?

If 'yes' please state name of driver and give full reasons:

Yes No

43. Do you have any other Aviva policies? If 'yes' please give full details below:

Policy Number(s)	
Type of policy – <i>Household etc</i>	

Material facts

All material facts must be disclosed. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an insurer in the assessment and acceptance of the application e.g. a young or inexperienced driver or any offence, (including non motor related offences such as fraud, robbery, theft or handling stolen goods), or prosecutions pending, or infirmities of any driver. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer in the box below. It is an offence under the Road Traffic Acts to make any false statement or withhold any material information for the purpose of obtaining a certificate of motor insurance. If any changes in circumstances arise during the period of insurance cover please provide your insurer with details. A specimen copy of the policy wording is available on request. We recommend you keep a record (including copies of letters) of all information provided to the insurer for your future reference. A copy of the completed application form will be supplied on request within a period of three months after its completion.

Complaints procedure

If you have a complaint

We hope that you will be very happy with the service that we provide. However, if for any reason you are unhappy with it, we would like to hear from you. In the first instance please write to your insurance adviser or usual Aviva point of contact. Aviva is covered by the Financial Ombudsman Service for complaints from private individuals, certain small businesses, charities and trusts. If you have complained to us and we have been unable to resolve your complaint, you may be entitled to refer it to this independent body. Following the complaints procedure does not affect your right to take legal action.

Choice of Law

The law of England and Wales will apply to this contract unless:

1. You and the Insurer agree otherwise: or
2. At the date of contract you are a resident of (or, in the case of a business, the registered office or principal place of business is situated in) Scotland, Northern Ireland, Channel Islands or the Isle of Man, in which case (in the absence of agreement to the contrary) the law of that country will apply.

Data Protection Act – Information Uses

For the purposes of the Data Protection Act 1998, the Data Controller in relation to any personal data you supply is Aviva Insurance UK Limited.

Insurance Administration

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

In the case of personal data with limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

Credit Searches and Accounting

In assessing your application, the insurer may search files made available to it by credit reference agencies who may keep a record of that search. The insurer may also pass to credit reference agencies information it holds about you and your payments record. Credit reference agencies share information with other organisations, enabling applications for financial products to be assessed or to assist the tracing of debtors or to prevent fraud.

The insurer may ask credit reference agencies to provide a credit scoring computation. Credit scoring uses a number of factors to work out risks involved in any application. A score is given to each factor and a total score obtained. Where automatic credit scoring computations are used by the insurer, acceptance or rejection of your application will not depend only on the results of the credit scoring process.

Sensitive Data

In order to assess the terms of the insurance contract or administer claims which arise, the insurer may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this application you will signify your consent to such information being processed by the insurer or their agents.

Marketing

Aviva and its agents may use your information to keep you informed by post, facsimile, telephone, e-mail, text messaging or other means of products and services which may be of interest to you. Your information may also be disclosed and used for these purposes after your policy has lapsed. By providing us with your contact details, you consent to being contacted by these methods for these purposes. If you do not wish to receive marketing information please write to Aviva, FREEPOST, Mailing Exclusion Team, PO Box 6412, Derby, DE1 1SB.

Fraud Prevention

In order to prevent and detect fraud we may at any time:

- Share information about you with other organisations and public bodies including the Police;
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this. We and other organisations may also search these agencies and databases to:
 - Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
 - Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
 - Check your identity to prevent money laundering, unless you finish us with other satisfactory proof of identity;
- Undertake credit searches and additional fraud searches.

We can supply on request further details of the databases we access or contribute to.

Claims History

Under the conditions of your policy you must tell us about any Insurance related accidents (such as fire, water damage, theft or an accident, whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to a database.

We may search these databases when you apply for insurance, in the event of any incident or claim, or at the time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

You should show these notices to anyone who has an interest in property insured under the policy.

Motor Insurance Database

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 DVLI 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 ascertain relevant policy information.

Persons with a valid 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 from your insurer, or at www.miic.org.uk

You should show these notices to anyone insured to drive the vehicle covered under the policy.

Declaration

I/We understand the contents of the completed application and I/We declare that the information given is, to the best of my/our knowledge and belief correct and complete. I/We agree that the statements in this application shall form the basis of the contract between the insurer and myself/ourselves and if the risk is accepted I/We undertake to pay the premium when called upon to do so. I/We understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurers compliance with any regulatory rules/codes.

Proposer's Signature

Date

Notes

1. No liability (except for the period stated in our official covernote) is undertaken until the application form is accepted by ourselves and the premium paid.
2. We reserve the right to ask for special terms or decline this application form. If we decline this application form a premium will be payable by you for the period of cover stated in the official covernote.
3. Please note we operate a 'key exclusion' clause. This means that we will not be liable for the theft if the keys are left in or on the vehicle.
4. Please note that in addition to its other terms, conditions, exceptions or exclusions, the policy wording may incorporate provisions which exclude liability caused by acts of Terrorism.
5. Information contained in this application form is for standard risks and is correct at the time of printing but may be subject to periodic change. Please contact your usual insurance adviser for confirmation.
6. For our joint protection, telephone calls may be recorded and/or monitored.

Agent/Company use only

Total Premium	£
NCD/ID	£
IPT	£
Net Premium	£
Cover options/Trailers	£
Net Premium	£

By whom was the Premium quoted:	
Agent	<input type="checkbox"/>
Company	<input type="checkbox"/>
Quote Reference:	
Please attach a copy of any quotation provided, if available	



Instructions to your Bank/Building Society to pay by Direct Debit

Please fill in the form and send to Aviva Insurance UK Limited.

Full name and postal address of Bank/Building Society

The Manager	Bank/Building Society
Address	
Postcode	

Name(s) of Account Holder(s)

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Bank/Building Society Account number

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Branch Sort Code

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Banks/Building Societies do not accept Direct Debit Instructions from some types of account.

Originator identity number

9	4	0	6	7	3
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Reference number

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Your instructions to the Bank/Building Society

Please pay Aviva Insurance UK Limited Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with Aviva Insurance UK Limited, and if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

--

Choice of payment date (1st to 28th)

--

Full name and postal address of policyholder

Name
Address
Postcode



To be retained by the customer

Monthly Premium Payment notes:

If you elect to pay monthly premiums:

- In the first year of insurance, premiums for the first two months are due for collection on commencement of the policy.
- The remaining 10 monthly premiums/administration fees will be payable by Direct Debit commencing in month 2 and ending in month 11.
- At renewal, 12 monthly premiums/administration fees are payable by Direct Debit commencing in month 1 and ending in month 12.
- Once your insurance cover commences and collection of the first premium becomes due, any delay will result in this and further premiums due being collected as one amount. Subsequent premiums will be collected as they fall.
- Failure to make any payment on the day it falls due may result in all benefits under the policy ceasing.

You will be provided with one month's insurance for each monthly premium paid. Please complete the Direct Debiting instructions above, and note that a monthly administration fee at 8% of the premium is payable for this facility. If you elect to pay monthly premiums, Monthly Premium Protection cover is included where appropriate.

Direct Debit Guarantee

This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme.

The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.

If the amounts to be paid or the payment dates change, Aviva Insurance UK Limited will notify you 10 days in advance of your account being debited or as otherwise agreed.

If an error is made by Aviva Insurance UK Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please send a copy of your letter to us.



Aviva Insurance UK Limited

Registered in England Number 99122

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Authorised and regulated by the Financial Services Authority