

# taxi 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.
- 3 Please note that short period policies are not acceptable.

### Your Details

1. Name in full

Postal Address in full  
*Postcode must be completed in every case*

Marital Status  
*(single/married/divorced/partnered)*

Main Occupation/Profession  
*(including part time)*

Daytime phone number  
*(including STD code)*

Work Home

Date of birth / /

### Vehicle Details

Space has been provided below for up to four vehicles. If you wish to cover more vehicles than this under your policy please refer to your usual insurance adviser for a fleet quotation.

	Vehicle One	Vehicle Two	Vehicle Three	Vehicle Four
2. Make and Model of vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Year of Manufacture	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Registration Mark <i>*vehicles not road registered are unacceptable.</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Engine Size cc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Estimated Value <i>(including any accessories)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Seating Capacity <i>(including driver)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. If your vehicle is a Minibus, are all seats facing forward? <i>If 'No' please give full details</i>				Yes <input type="radio"/> No <input type="radio"/>
9. Have any changes/modifications been made to the maker's specifications other than being adapted solely to cater for any physical disability?				Yes <input type="radio"/> No <input type="radio"/>
10. Are seat belts fitted to all seats? <i>If 'no' please give full details</i>				Yes <input type="radio"/> No <input type="radio"/>
11. State registration number of any vehicle whose paintwork is liveried for advertising purposes (Excluding stickers or magnetic displays on doors only).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Has one of our approved vehicle security products been fitted to, or is used with, any of the above vehicles? <i>If 'yes' please provide a copy of the Vehicle Systems Installation Boards (VSIB) fitting certificate.</i>				Yes <input type="radio"/> No <input type="radio"/>
13. State the total number of vehicles owned in each of the past 3 years.	last year <input type="text"/>	2nd year back <input type="text"/>	3rd year back <input type="text"/>	
14. Are you the owner of the vehicle(s) to be covered on this policy and is/are they registered in your name? <i>If 'no', give reason for vehicle(s) being insured in your name and state the name of the owner(s) (Including the name of any hire purchase company interested.)</i>				Yes <input type="radio"/> No <input type="radio"/>

**Use**

15. Do you operate under a Public Service Vehicle Licence? Yes  No
16. State name of District Council/Borough that licences/plates your vehicle(s), if applicable.
17. Is your vehicle a London Taxi used in the London Metropolitan Police Districts and licensed by the Commissioner of Police of the Metropolis? Yes  No
- 18a. Do you and all drivers hold a current DVLA (including Passenger Carrying Vehicle (PCV) entitlement, if required)? Yes  No
- b. State the duration you have held the council issued licence, PCV entitlement, permit or badge issued by the Public Carriage office
19. If your vehicle is not a London Taxi, is the vehicle:
- |                                                                                                                                                 |                           |                          |                                                                                                                                                                                    |                           |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|
| a. Used for public hire?<br><i>(ie use under a hackney carriage licence including hiring from taxi ranks and plying for hire in the street)</i> | Yes <input type="radio"/> | No <input type="radio"/> | b. Used for private hire?<br><i>(ie use other than under a hackney carriage licence. Note: Plying for hire in the street or operating from taxi ranks is not permitted by law)</i> | Yes <input type="radio"/> | No <input type="radio"/> |
| c. Used for funerals only?<br><i>(ie use solely for the conveyance of mourners and/or the deceased – no private or other use)</i>               | Yes <input type="radio"/> | No <input type="radio"/> | d. Used for weddings only?<br><i>(ie use solely for the conveyance of the bride and groom, family and guests – no private or other use).</i>                                       | Yes <input type="radio"/> | No <input type="radio"/> |
| e. A limousine driven by a uniformed chauffeur?                                                                                                 | Yes <input type="radio"/> | No <input type="radio"/> | f. Used solely for conveyance of passengers to and from hospitals?                                                                                                                 | Yes <input type="radio"/> | No <input type="radio"/> |
20. State postcode of town or locality where vehicle is generally used.

**Cover**

21. Tick as required Comprehensive  Third Party Fire & Theft  Third Party Only
- a. Voluntary Excess applicable to all own damage and theft claims excluding glass and available only to Firms/Companies and Proposers aged 25 or over with Comprehensive cover. Our standard policy contains a £250 Excess (applicable to all own damage and theft claims excluding glass, and increased for young drivers). Tick the relevant boxes below if you wish to increase the excess.
- |                                  | Vehicle One          | Vehicle Two          | Vehicle Three        | Vehicle Four         |
|----------------------------------|----------------------|----------------------|----------------------|----------------------|
| i. Additional £100 (Total £350)  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ii. Additional £350 (Total £600) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
- b. Personal Effects/Personal Accident cover\* Yes  No
- \*Only available if Comprehensive cover is selected and will apply to all vehicles with Comprehensive cover.

**No Claim Discount**

- 22a. Are you, or have you been insured in your own name in respect of any taxi or other vehicle used for public or private hire (apart from any cover note issued in connection with this application form)?  
If 'yes' indicate number of years to which you are entitled on each vehicle. Attach previous Insurer's Renewal Notice or other proof.
- |  | Vehicle One          | Vehicle Two          | Vehicle Three        | Vehicle Four         |
|--|----------------------|----------------------|----------------------|----------------------|
|  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
- b. If you have, or have previously had, motor insurance with Aviva, please state policy number.

**Drivers – driving is restricted to named drivers if you are an individual.**

- 23.
- |                                                                           |                           |                          |                                                                                 |                           |                          |
|---------------------------------------------------------------------------|---------------------------|--------------------------|---------------------------------------------------------------------------------|---------------------------|--------------------------|
| a. Do you wish to restrict driving to yourself?                           | Yes <input type="radio"/> | No <input type="radio"/> | b. Do you wish to restrict driving to yourself and one other?                   | Yes <input type="radio"/> | No <input type="radio"/> |
| c. Do you wish to restrict driving to yourself and domestic partner only? | Yes <input type="radio"/> | No <input type="radio"/> | d. Do you wish to restrict driving to yourself, domestic partner and one other? | Yes <input type="radio"/> | No <input type="radio"/> |

Drivers continued

24. Give details below of yourself and all other persons who to your knowledge will drive.

Name(s) in full <i>Mr/Mrs/Miss/Ms/Title</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Yourself</i>			
Registration No. of main vehicle to be driven	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Main Occupation/Profession <i>(including part time)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State the type of driving licence currently held e.g. UK Full/Provisional	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Driving Licence obtained	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

25. If any taxi, vehicle or motorcycle owned or driven by you has been involved in an accident or loss in the past 3 years, complete the following panel; If not, state 'none' here;

Accident/loss date	Own Damage Claims £ <i>(inc. outstanding £)</i>	Fire/theft Claims £ <i>(inc. outstanding £)</i>	Third Party Claims £ <i>(inc. outstanding £)</i>	Brief details of accidents or losses <i>(Include name of driver if not yourself and whether 'at fault').</i>
<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"/>
<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"/>

26. Do you or does any person who to your knowledge will drive have, (or have any history of) defective vision or hearing (not corrected by glasses or hearing aid), diabetes or any disease or physical or mental infirmity or fits of any kind?

Yes  No

If 'yes' give details

**You are reminded that you are required by law to inform Drivers Medical Branch, DVLA, Swansea SA99 1AT, at once, if you have any disability (including any physical or mental condition) which is, or may become likely to affect your fitness as driver.**

27. Have you or has any other person who to your knowledge will drive:

If 'yes', give full details: eg conviction(s) endorsement offence code, date, driver involved, fine and period of disqualifications (if any)

a. been convicted during the past 5 years of any offence in connection with any motor vehicle? <i>(Including any permit/licence or plating offences)</i>	Yes <input type="radio"/>	No <input type="radio"/>	<input type="text"/>
b. ever been disqualified from driving?	Yes <input type="radio"/>	No <input type="radio"/>	<input type="text"/>
c. been convicted during the past 5 years of any offence relating to theft, fraud or dishonesty?	Yes <input type="radio"/>	No <input type="radio"/>	<input type="text"/>
d. any prosecution or police enquiry pending?	Yes <input type="radio"/>	No <input type="radio"/>	<input type="text"/>
e. had a proposal declined?	Yes <input type="radio"/>	No <input type="radio"/>	<input type="text"/>
f. been required to pay an increased premium or had special terms imposed?	Yes <input type="radio"/>	No <input type="radio"/>	<input type="text"/>
g. had a policy cancelled or been refused renewal?	Yes <input type="radio"/>	No <input type="radio"/>	<input type="text"/>





Aviva Insurance UK Limited  
Registered in England Number 99122  
Registered Office 8 Surrey Street Norwich NR1 3NG

Authorised and regulated by the Financial Services Authority

BCOTX6736 (V25) 06.2009 (A)

**This guarantee should be detached and retained by the Payer.**

## **THE 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 also send a copy of your letter to us.
- The instruction will only be used for the collection of premiums payable under Aviva Policies.
- I/We understand that failure to make any payment on the day it falls due may result in all benefit under the policy ceasing.

## 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 acceptance and assessment of this 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. 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.

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## Complaints procedure

Aviva is a member of the Financial Ombudsman Service scheme for complaints from private policyholders, certain small businesses, charities and trusts. Should you have a complaint, please initially notify your insurance adviser or usual Aviva point of contact. Full details of our complaints procedure will be set out in your policy booklet, or are available from your Aviva contact. 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 the 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 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 of 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).

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 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 its agents.

### Marketing

Aviva Group and other carefully selected companies may use your information to keep you informed by post, telephone, facsimile, e-mail, text messaging or other means about 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 your information to be used for these purposes 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 furnish 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 incidents (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 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.

### 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 a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime. This may be consulted by the police in order to establish who is insured to drive the vehicle. 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 about this from your insurer, or at [www.miic.org.uk](http://www.miic.org.uk)

You should show these notices to anyone insured to drive the vehicle 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 the regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes.

Proposer's Signature

Date

## Notes

1. No liability (except for the period stated in our official Cover Note) 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 cover-note.
3. Please note we operate a "Key exclusion" clause. This means that we will not be liable for any 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 or your nearest Aviva office for confirmation.
6. For our Joint protection telephone calls may be recorded and/or monitored.

## Agent/Company use only

By whom was the Premium quoted:

Agent  Company

Quote Reference:

Quoted premium

£

Amount of advanced payment by cheque  
if payable monthly

£

Please attach a copy of any quotation provided, if available



# taxi!

application form



Aviva Insurance UK Limited  
Registered in England Number 99122  
Registered Office 8 Surrey Street Norwich NR1 3NG  
Authorised and regulated by the Financial Services Authority

