



**MOTOR FLEET PROPOSAL FORM**

PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION (N/A IS NOT ACCEPTABLE)

**GENERAL INFORMATION**

Full name of Proposer (including Associated and Subsidiary Companies):

---

Full Business Address (with postcode):

---

Contact Name:

Telephone Number:

Fax Number:

Email Address:

---

Full description of Trade/Business:

---

How long have you been trading:

---

Have you ever traded under any other name:

YES/NO

If "yes" please give details:

---

Are you registered for VAT:

YES/NO

If "yes" what percentage can you recover:

---

Period of Insurance: 12 months from:

---

## VEHICLES AND TRAILERS

Please state total number of vehicles hired, leased or lent to you:  
(please ensure that an up to dated schedule of vehicles is attached to this document)

Do you require cover for trailers: YES/NO

If "yes",

Please state total number of trailers owned, hired or leant to you:

Is cover required for unspecified trailers: YES/NO

Is cover required : (i) only whilst attached to the towing vehicle: YES/NO

(ii) whilst attached or detached: YES/NO

What is the approximate total vehicle/trailer value at any one location:

What is the postcode (if different to address stated above):

Has any vehicle or trailer been modified or originally registered in a country other than the United Kingdom: YES/NO

If yes please provide full details:

---

## USE

Are passengers to be carried for hire or reward: YES/NO

Are goods to be carried for hire or reward: YES/NO

Will goods of an inflammable, corrosive, explosive or dangerous nature be carried: YES/NO

Will any vehicle be used "airside" or in close proximity to aircraft: YES/NO

Will any vehicle be used outside the United Kingdom for business purposes: YES/NO

If "yes" to any of the above please provide full details:

Will any vehicle be hired out to other operators: YES/NO

If "yes" please provide full details:

---

## CLAIMS RECORD

State name(s) of previous Motor Insurers and Policy Numbers:

An authenticated claims experience from previous Insurers for the past three years must be provided (if appropriate)

Have you ever had your policy cancelled by Insurers: YES/NO

If "yes" please provide full details:

---

**IMPORTANT: PLEASE READ THE NOTES BELOW CAREFULLY BEFORE SIGNING THE DECLARATION**

Unless such person(s) has been declared and agreed by Insurers to drive any vehicle I/We undertake that the vehicle(s) will not be driven by any person(s) who to My/Knowledge:

- (a) has been refused motor vehicle insurance or continuance thereof
- (b) suffers from any disease, physical or mental infirmity which could affect the person's ability to drive
- (c) has during the last 5 years been convicted of any of the following motor offences:

- manslaughter
- causing death by dangerous driving
- dangerous driving
- driving under the influence of drink/drugs
- failing to stop after an accident
- any offence or combination of offences which result in a suspension from driving

**MATERIAL FACTS**

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it. You should keep a complete record, including copies of all letters, of all information supplied to us for the purpose of entering into this Contract of Insurance.

**STATUTORY NOTE**

The parties to this contract are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this Insurance shall be subject to English Law.

**MOTOR INSURANCE ANTI-FRAUD AND THEFT REGISTER**

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 check information provided and also to prevent fraudulent claims. When we deal with your request for insurance we may search this 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.

**MOTOR INSURANCE DATABASE**

Your insurance cover details will be added to the Motor Insurance Database run by the Motor Insurers' Information Centre (MIIC). This has been set up to help identify uninsured drivers, and may be searched by the Police to help confirm who is insured to drive. If there is an accident, the Database may be used by Insurers, MIIC and the Motor Insurers' Bureau to identify relevant policy information. You can ask us for more information about this. You can ask us for more information about this. You should show this notice to anyone insured to drive any vehicle covered under this Policy.

**DECLARATION**

I/We declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/We agree that this proposal together with any information supplied by Me/Us shall form the basis of any contract of insurance.

Signed: .....

Print Name in Full: .....

Position: .....

Dated: .....

**Collingwood Insurance Company Ltd reserves the right to decline any proposal.**

Collingwood Insurance Company Ltd (CICL) is licensed by the Commissioner of Insurance under the Insurance Companies Ordinance to carry on insurance business in Gibraltar and is regulated by the Financial Services Commission. Reg. No. 89988. CICL is covered by the Financial Services Compensation Scheme.