

BROKER	SCHEME
INST.	BROKER REF

# Private & Public Hire Proposal Form



## 1. YOU THE PROPOSER

Full Name of Proposer/Title of Company (if not a limited company or PLC show the full name of all principles or partners and the full trading name)

<input type="text"/>	Married YES / NO
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Address (if a Company, show the registered/ correspondence address)

<input type="text"/>	Postcode	<input type="text"/>
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Give a full description of the business or occupation in which you are engaged (including part-time or secondary business occupation)

<input type="text"/>
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How long have you been in business?

<input type="text"/>
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If you have ever traded in any other name please give details

<input type="text"/>
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If less than three years give details of previous business or occupation

<input type="text"/>
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State total number of vehicles owned in each of the past three years - last year

<input type="text"/>
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second year back

<input type="text"/>
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third year back

<input type="text"/>
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## 2. YOUR VEHICLE (If insufficient space use separate sheet of paper)

Make & Model incl. Conversion/Modification (indicate if left hand drive)	Cubic Capacity	Type of Body (eg. Estate)	Petrol Yes/No	Manual Yes/No	Seating Capacity	Year of Make	Date of Purchase	Estimated Value	Registration Number	Value of Audio/Telephone Equipment (unless Manufacturer Fitted)
<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"/>	<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"/>

	YES	NO	
1. Are there any changes from the manufacturer's standard specification whether optional extras, mechanical, cosmetic, or customisation?	<input type="checkbox"/>	<input type="checkbox"/>	If YES give details overleaf.
2. Is the vehicle owned by you and registered in your name?	<input type="checkbox"/>	<input type="checkbox"/>	If NO give details.
3. Do you (or the Company) own any other vehicles other than stated in the box above?	<input type="checkbox"/>	<input type="checkbox"/>	If YES give details overleaf.
4. Is the vehicle kept overnight - a) At your home address?	<input type="checkbox"/>	<input type="checkbox"/>	If NO give Post Code where vehicle is kept.
b) In a locked garage?	<input type="checkbox"/>	<input type="checkbox"/>	If NO give details.
5. Is the vehicle fitted with a two-way radio, radio telephone or is a bleeper or radio-paging system?	<input type="checkbox"/>	<input type="checkbox"/>	If YES give details.
6. State the name of the council who have plated your vehicle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## 3. COVER

Comprehensive  Third Party, Fire and Theft  Third Party Only

## 4. USE

Is the vehicle used for

a) Public Hire	<input type="checkbox"/>	<input type="checkbox"/>	b) Private Hire	<input type="checkbox"/>	<input type="checkbox"/>
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## 5. DRIVERS Give below details of yourself and any other person who may drive (especially those under 25 years of age)

Yourself only  You & your Husband/Wife/Civil Partner  You & Named Drivers  Any Driver aged 25 & over  Any Driver aged 30 & over

(DETAILS OF ALL KNOWN DRIVERS INCLUDING YOURSELF ARE REQUIRED. TICKS & DASHES ARE NOT ACCEPTABLE) IN THE EVENT OF A CLAIM COPY DRIVING LICENCE MAY BE REQUIRED

	Name			All Occupations (Incl. Part Time)	Date of Birth	How long have you driven regularly in the UK
	Title	Initial	Surname			
YOURSELF	<input type="text"/>					
DRIVER 2	<input type="text"/>					
DRIVER 3	<input type="text"/>					
DRIVER 4	<input type="text"/>					

	Type of current UK/EU/International licence, full or provisional and period held		Motoring convictions & disqualifications Incl. fixed penalties & prosecutions pending IF NONE STATE NONE						Months Banned	Does any driver suffer from a notifiable condition not notified to DVLA or any condition for which DVLA have restricted the licence?
	Type	Year test passed	Day	Month	Year	Code	Points	Fine		
YOURSELF	<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"/>
DRIVER 2	<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"/>
DRIVER 3	<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"/>
DRIVER 4	<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"/>

If more than three additional drivers or you require additional space give details overleaf.

You are reminded that you are required by law to inform Drivers Medical Branch, DVLC, 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 a driver.

