

TAXI PROPOSAL FORM

(INCLUDING HACKNEY CARRIAGE VEHICLES, PRIVATE/PUBLIC HIRE AND CHAUFFEUR)

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www.tradex.com • Office Hours: Monday - Friday 8.00am - 6.00pm, Saturday 9.00am - 1.00pm

Proposer's Name

Company/Trading Name

Policy No. (cover note if applicable)

IMPORTANT

- As we wish to process your proposal as quickly as possible, please ensure all questions are fully answered and all required documents are attached.
- For more specialised trades visit our website at www.tradex.com

This policy is suitable for either single vehicles or fleets. Purpose built taxis, saloons, MPVs or minibuses with up to 17 seats may be insured. The vehicles will be used for the carriage of passengers for hire and reward, including public or private hire and local authority contracts for the transport of school children and hospital patients. Social domestic and pleasure use by the spouse may be included subject to it being acceptable to the licensing authority. Policies are normally of 12 months duration, shorter periods may be agreed.

Cover Options	Comprehensive	Third Party Fire & Theft	Third Party only
Loss of or damage to the vehicle from			
- Accidental damage	✓	✗	✗
- Vandalism and malicious damage	✓	✗	✗
- Fire including self ignition, lightning & explosion	✓	✓	✗
- Theft or attempted theft or taking of the vehicle without permission	✓	✓	✗
Damage to Windscreen Sunroof and windows	✓	✗	✗
Your liability under the Road Traffic Acts for			
- Death or injury to other people including passengers	✓	✓	✓
- Damage to property up to £2,000,000	✓	✓	✓
- Emergency treatment fees	✓	✓	✓
Legal fees for representation at a coroners inquest, fatal accident enquiry or court of summary jurisdiction	✓	✓	✓
Defence costs in prosecution for Manslaughter or death by reckless driving	✓	✓	✓
Public liability - Limit of indemnity £2,000,000	✓	✓	✓
Loss of money up to £250 (N/A on fleet policies)	✓	✗	✗
Legal Expenses Insurance*	○	○	○

Key Included ✓ Excluded ✗ Optional ○ *This cover is provided by DAS

Principal Exclusions

Injury or damage caused

- | | | |
|--|------------------------------|--------------------------------|
| 1. Whilst the driver is under the influence of drink or drugs | (General Exclusion 1) | } except as is required by law |
| - resulting from suicide attempted suicide or a deliberate act | (General Exclusion 2) | |
| - in power stations, nuclear installations oil gas and chemical processing plants and refineries | (General Exclusion 8) | |
| - whilst carrying dangerous substances | (General Exclusion 9) | |
| 2. Whilst the vehicle "air side" at airports or airfields | (General Exclusion 3) | |
| 3. By a driver who is either disqualified from driving or does not hold the appropriate licence for the vehicle | (Use and Drivers) | |
| 4. Loss of use, loss of value following repair, wear and tear electrical or mechanical breakdown | (Exclusion 1, Section 2) | |
| 5. Theft or attempted theft where :- | (Exclusion 6, Section 2) | |
| - the keys have been left in the vehicle | | |
| - windows door and other openings have not been closed and locked | | |
| - additional security devices specified by us where not in use | | |
| - fraud or deception has taken place | | |
| 6. Loss or damage to satellite navigation equipment unless it was fitted by the manufacturer as original equipment | (Exclusion 10 Section 2) | |
| 7. Loss damage or liability arising out of war or terrorism | (General Exclusion 5) | |
| 8. Pressure Waves | (General Exclusion 7) | |
| 9. Radioactive contamination | (General Exclusion 6) | |
| 10. Additional costs arising due to parts or replacements not being available in the United Kingdom | (How we will pay your claim) | |

Principal Exclusions

- Cancellation - short period rates apply (unless the premium is paid using our direct debit facility) i.e. 25% for the first month of cover and 12.5% for each subsequent month.
- Failure to pay the premium or any instalment due will result in immediate cancellation of the policy
- Foreign use is available within Europe, cover is restricted to third party only for certain countries
- UK law applies unless an alternative jurisdiction is agreed by us at inception of the contract

THE PROPOSAL

IT IS ESSENTIAL THAT YOU ANSWER ALL QUESTIONS AND ENSURE THAT POST CODES ARE SHOWN

DETAILS OF THE PROPOSER

Full Name (Mr/Mrs/Miss/Ms) VAT number

Address Business address (if different)

Post Code Post Code

Telephone Number Home Work Mobile

How long have you lived at this address Years Type of property eg: house, bungalow, flat

PREVIOUS EMPLOYMENT RECORD Give details of your employment record in the past 5 years

From	To	Name of Employer	Type of Employment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSONAL DETAILS OF ALL DRIVERS

Please ensure ALL questions are answered. A separate piece of paper may be attached if there is insufficient room to answer.

	Proposer	Additional Driver 1	Additional Driver 2
Forename	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> Age <input type="text"/>	<input type="text"/> Age <input type="text"/>	<input type="text"/> Age <input type="text"/>
Marital status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/er <input type="checkbox"/>	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/er <input type="checkbox"/>	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/er <input type="checkbox"/>
Resident in UK	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years
Type of licence	Private Car <input type="checkbox"/> PSV <input type="checkbox"/> HGV Class I II III <input type="checkbox"/>	Private Car <input type="checkbox"/> PSV <input type="checkbox"/> HGV Class I II III <input type="checkbox"/>	Private Car <input type="checkbox"/> PSV <input type="checkbox"/> HGV Class I II III <input type="checkbox"/>
Held for	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years
Any other occupations or usage of vehicle besides Private/Public Hire	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
if Yes, give details	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Proposer	N/A	Business Partner/Employee/Spouse	Business Partner/Employee/Spouse
Do you work regular shift patterns or particular jobs? If YES, please tick below	Mornings <input type="checkbox"/> Daytime <input type="checkbox"/> Early Eve <input type="checkbox"/> Nights <input type="checkbox"/> Airports <input type="checkbox"/> Account <input type="checkbox"/>	Mornings <input type="checkbox"/> Daytime <input type="checkbox"/> Early Eve <input type="checkbox"/> Nights <input type="checkbox"/> Airports <input type="checkbox"/> Account <input type="checkbox"/>	Mornings <input type="checkbox"/> Daytime <input type="checkbox"/> Early Eve <input type="checkbox"/> Nights <input type="checkbox"/> Airports <input type="checkbox"/> Account <input type="checkbox"/>
Estimated Annual Mileage	Hire & Reward <input type="text"/> Social <input type="text"/>	Hire & Reward <input type="text"/> Social <input type="text"/>	Hire & Reward <input type="text"/> Social <input type="text"/>
Percentage of use relating to each driver (total should=100%)	<input type="text"/> %	<input type="text"/> %	<input type="text"/> % <input type="text"/> 100 %
Number of years experience in the Taxi trade	Public Hire <input type="text"/> Private Hire <input type="text"/>	Public Hire <input type="text"/> Private Hire <input type="text"/>	Public Hire <input type="text"/> Private Hire <input type="text"/>
Licensing details			
Vehicle Licence/Plate No	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Licence/Plate granted	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who is your Licencing Authority	<input type="text"/>	<input type="text"/>	<input type="text"/>
Where is your main area of operation?	<input type="text"/>	<input type="text"/>	<input type="text"/>

DRIVERS DETAILS (continued...)

Proposer

Additional Driver 1

Additional Driver 2

Badge/Permit Number

Name of your Radio Circuit/Company and length of time you have been employed there (If applicable)

Have you had your Taxi Licence/

Badge revoked or been disciplined Yes No
If YES, give details.

Yes No

Yes No

CLAIMS HISTORY Have you had any accidents claims or losses including malicious damage (insured or not) regardless of blame in the past 3 years

Yes No

Yes No

Yes No

If YES, give full details. Show dates, a brief description and include costs and injuries.

MOTORING CONVICTIONS Have you been convicted of, or have any prosecutions pending for any MOTORING OFFENCES including fixed penalty restrictions in the past 5 years

Yes No

Yes No

Yes No

If YES, give full details. Show offence code/date of conviction/amount of fine/length of ban if any

CRIMINAL CONVICTIONS: including pending charges (for which you are awaiting trial)

Have you or any person living with you ever been arrested or charged with arson or any offence involving dishonesty eg fraud, theft or handling stolen goods

Yes No

Yes No

Yes No

If YES, give details.

BANKRUPTCY & INSOLVENCY

Have you or any proposed named driver or your business partners, had a CCJ registered against you, or ever been declared bankrupt or insolvent or been a director of a company which went into liquidation, receivership or been the subject of an administration order

Yes No

Yes No

Yes No

If YES, give details below, including date(s) and name(s) of Limited Company(s) and trading name(s)

MEDICAL HISTORY Do you, or any other person who may drive, suffer from any mental or physical disability, infirmity, illness or handicap

Yes No

Yes No

Yes No

If YES, give full details, including onset date and medication subscribed

VEHICLE TO BE INSURED

A new proposal form is required on each vehicle

Make and full details of model	Year of Make	Engine Size	Registration Number	Current Milage	No of Seats	Date of Purchase	Present Value	Is Vehicle Left Hand Drive
								Yes <input type="checkbox"/> No <input type="checkbox"/>

Is the vehicle owned by you and registered in your name Yes No If NO, whose name

SECURITY OF VEHICLE & MODIFICATIONS

At which address is the vehicle kept when not in use Home Work Other Location (please state)

Please state where the vehicle is parked at this location Garage Driveway Road Car park

Does the vehicle have an electronic immobiliser or tracking device Yes No If Yes, give full details below

Has the vehicle been modified in any way from manufacturer's standard specification Yes No If Yes, give full details below

INSURANCE HISTORY

Name of Previous Insurers	Years Bonus
Policy No: _____ Expiry Date: _____	Type of Policy: Private Car <input type="checkbox"/> Taxi <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other <input type="checkbox"/>

Have you or any other persons who will drive at any time been refused insurance or been asked to agree special terms and conditions Yes No If Yes, give details

COVER REQUIRED

Tick Cover required Comprehensive Third Party Fire and Theft Third Party Only

MATERIAL FACTS

Are there any other facts not covered by the questions in this proposal form which you may consider to be material to the risk you are proposing YES NO

If yes, please state below

IMPORTANT NOTICE: your consumer rights and your obligations

By signing the proposal form and declaration you are acknowledging your acceptance to be bound by the policy which shall be issued.

You must provide all material information likely to influence the acceptance and assessment of this insurance. If you are unsure whether or not information is material you should disclose it. Failure to do so may invalidate your insurance or result in your policy not operating fully. It is an offence to deliberately make false statements or to withhold information in order to obtain a Certificate of Motor Insurance.

We pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and 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 these registers. 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 claim. When you tell us about an incident, we will pass on information relating to it to the Registers.

Your cover details and permanently owned vehicle registrations will be added to the Motor Insurance Database, run by the Motor Insurance Information Centre (MIIC). This is now a legal requirement and has been set up to help confirm who is insured to drive. If there is an accident, the Database may be used by insurers, MIIC, Police and the Motor Insurers Bureau to identify relevant policy information. Any person who may drive on your policy is equally obligated by this notice and you are deemed to have advised them accordingly. Therefore you are advised to keep a copy of this form and show it to anyone insured to drive the vehicle under the policy. We will on request supply a copy of this form within 3 months of the date of this proposal.

You are advised that where payment of the premium is via a deferred payment scheme arranged by Tradex or some other Third Party Provider, FAILURE TO PAY any instalment will result in the cancellation of the policy from the date of default - and NOT the date we notify you.

Refunds / Cancellation (Short Period Charges)

Subject to our receiving the insurance certificate, should you wish to cancel the policy once cover has commenced, our standard cancellation charges will apply provided there have been no claims. They are:

Annual Policies not exceeding	1 month	2 months	3 months	4 months	5 months	6 months	7 months
Refund % on annual policies	75	62.5	50	37.5	25	12.5	0
Short Term Insurance	NO REFUND	NO REFUND	NO REFUND	NO REFUND	NO REFUND	NO REFUND	NO REFUND

DECLARATION - Important: it is essential that you read, sign and date the declaration below

I/we declare that to the best of my/our knowledge and belief the statements made in this proposal are true and complete and that I/we now invite Tradex Insurance Company Ltd to arrange insurance on my/our behalf and accept that this proposal will be the basis of a contract between myself/ourselves and Tradex. I/we accept that the information on this form, or any subsequent documentation, may be supplied to any insurance industry database to allow this information to be made available to other insurers.

I/we understand that you will pass the information on this form to IDS Ltd and the ABI so that they can make it available to other insurers. I/we also understand that, in response to any searches you may make in connection with this application, IDS Ltd and ABI may pass to you information it has received from other insurers about other incidents anyone insured to drive the vehicle has been involved in.

I/we understand that any quotation given prior to the completion of this form may change due to the information supplied.

I/we agree to accept the terms, conditions and limitations of the policy to which this proposal applies. I/we have not suppressed or misrepresented any material fact.

I/we understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the proposal may result in Tradex refusing to provide indemnity or avoiding the policy.

Proposer's Signature Date Date on which cover to commence

ADDITIONAL EXTENTIONS

In addition to our standard policy we are also able to offer the following additional extensions

Public liability Yes No

£2m indemnity limit

£5m indemnity limit

Legal expenses/uninsured loss recovery Yes No

Full details of these extensions are available upon request.