

# PROPOSAL FORM FOR PRIVATE/PUBLIC HIRE INSURANCE

PLEASE READ THE FOLLOWING IMPORTANT NOTES BEFORE COMPLETING THIS PROPOSAL

**WARNING:** If you are in any doubt about a particular fact(s) being material to this insurance you should disclose it/them. Failure to disclose all material information may result in this insurance being void from inception – leaving you without insurance cover. You should keep a complete record (including copies of all letters) of all information supplied to Underwriters for the purpose of entering into this contract of insurance. Insurers maintain a Motor Insurance Anti-Fraud and Theft Register and exchange information with each other to prevent fraudulent claims.

## YOUR DETAILS

**1** Surname Mr/Mrs/Ms/Other

First Names

Address

Post Code  Date of Birth  /  /

Please tick policy required  3 Months  6 Months  12 Months

Is this vehicle kept in a garage overnight YES  NO

Base Office Address

Post Code

Occupation (including any part-time jobs)

Date cover to commence

If NO to questions b, c & d give details overleaf  YES  NO

a) Are you married?  YES  NO

b) Are you the legal owner of the vehicle?  YES  NO

c) Is the vehicle registered in your name?  YES  NO

d) Are you the main driver of the vehicle?  YES  NO

e) Do you own or have use of any other vehicles e.g. Company car etc.  YES  NO

f) State period held full UK licence Please enclose a copy of your licence  
 Years  Months

g) Number of consecutive years licenced to drive taxis

## 2 WHO WILL DRIVE?

Please tick one box: Yourself  Named Drivers  You and Spouse only

## 3 DRIVER DETAILS

Please list all persons who may drive including spouse. Drivers under 25 years must be declared and any children who hold a driving licence.  
 NOTE: Increased excess will apply to all drivers under 25 &/or drivers with less than 12 months on a full UK licence.

NAME (in addition to yourself)	DATE OF BIRTH	OCCUPATION (including any part time jobs)	Type of UK driving Licence Full or Provisional & Period held			Number of consecutive years licenced to drive taxis
			TYPE	YEARS	MONTHS	

State whether you or any person who may drive including those listed above:-

a) have you been resident outside the UK in the past 3 years  YES  NO

b) suffer from diabetes, fits, heart condition, loss of eye or limb or any physical/mental/alcoholic condition  YES  NO

c) have been convicted of any motoring offence (including fixed penalty offences) during the last 5 years or is any police enquiry or prosecution pending  YES  NO

d) have been disqualified from holding or obtaining a driving licence  YES  NO

e) have been involved in any accident or loss of any kind (including thefts) in connection with any motor vehicle within last 5 years  YES  NO

f) have been refused motor insurance at normal terms or had a motor policy cancelled  YES  NO

If the answer to any of the questions is YES give details. See overleaf for additional information.

## 4 VEHICLE DETAILS

If YES to questions a & b give details overleaf.

Make	Model (GTI, LX etc.) state if LHD	Registration Number	Year	Engine Size	Value	Date of Purchase	How many passengers is it licenced to carry	Indicate annual mileage

a) Has the vehicle been modified to change the maker's standard specification or alter its performance? This includes cosmetic changes, e.g. Body Kits, Alloy Wheels, Spoilers, Side Skirts, etc. If yes, please provide full details overleaf. YES  NO

b) Is the vehicle fitted with an:- ALARM YES  NO  IMMOBILISER YES  NO  TRACKING DEVICE YES  NO

## 5 COVER REQUIRED - Please tick box

Comprehensive  Third Party Fire & Theft

Tick if voluntary accidental damage, fire & theft excess required in addition to other compulsory excess. £100  £200  £300

## 6 USE - Please tick box

In addition to social, domestic and pleasure purposes, will the car be used

a) for private hire excluding public hire  YES  NO

b) for public hire under an operator's licence  YES  NO

c) for any other purpose - if yes give details below  YES  NO

## LICENCE DETAILS

**7** Name of Vehicle Licencing Authority  Plate Number

Name of Licencee  Date Plate Obtained  Badge or Permit No.

Please enclose a copy of your licence.

## 8 NO CLAIMS DISCOUNT

Indicate number of years earned under PUBLIC/PRIVATE HIRE Insurance  Please provide details of your last Insurer and attach the Renewal Notice. Name  Policy No.  Expiry Date

DECLARATION - "I/We declare that the answers given above (on which the Underwriter will rely in deciding whether to accept the risk and in fixing the premium) are true to the best of my knowledge and belief, and that no information has been withheld by me/us that might influence the Underwriters acceptance and assessment of this insurance, and I/we agree to accept a policy subject to the terms, conditions and exceptions contained therein. I/We understand that you will pass the information on this form and about any incident I/we may give details of to 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 or any incident I/we have given details of, the ABI may pass you information it has received from other insurers about other incidents anyone insured to drive the vehicle covered under the policy have been involved in".

I/We have read and agreed the answers to all questions on this form whether in handwriting or not.

Proposer's Signature  Date of Proposal

If the proposal should disclose any special features the Underwriters may quote special terms and they reserve the right to decline a proposal. Underwriters' liability does not operate until acceptance has been notified or a cover note delivered to the Proposer.

**ADDITIONAL INFORMATION**

VEHICLE OWNERSHIP – Legal owner, registered keeper, main driver

DISABILITIES/PHYSICAL CONDITION – Driver’s name, nature of condition, date diagnosed, medication, any restriction on licence

CONVICTIONS/PROSECUTIONS/NON-MOTURING OFFENCES – Driver’s name, conviction code, penalty points, disqualification period, offence, date of offence, sentence imposed

ACCIDENTS/LOSSES – Driver’s name, circumstances, date, costs, etc.

VEHICLE MODIFICATIONS

ANY OTHER DETAILS

I declare that to the best of my knowledge and belief the additional information given above is true and complete.

Signature

Date

**DISPUTES PROCEDURE – It is always our intention to provide a first class standard of service. However, if a dispute regarding the policy cannot be resolved by reference to the intermediary, it may be referred to:- The Customer Care Advisor, Zenith Insurance Management Limited, Zenith House, Market Place, Haywards Heath, West Sussex RH16 1DB.**

**SEVERAL LIABILITY NOTICE –** The subscribers Insurers’ obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing Insurers are not responsible for the subscription of any co-subscribing Insurer who for any reason does not satisfy all or part of its obligations. The proportions of each Insurers’ obligations are stated in the Schedule/Renewal Notice.

**FULL DETAILS OF THE COVER AFFORDED CAN BE OBTAINED FROM YOUR INSURANCE ADVISOR.  
A SPECIMEN POLICY IS AVAILABLE ON REQUEST.**

**CANCELLATION OF INSURANCE BY THE INSURED (Minimum Premium £50)**

From the date of receipt of the Certificate of Insurance and providing no claim has been made or is outstanding a refund of premium will be made in accordance with the scale shown below.

Period of contract in force – NOT EXCEEDING		1 MONTH	2 MONTHS	3 MONTHS	4 MONTHS	6 MONTHS	8 MONTHS	OVER 8 MONTHS
Annual Policy	Percentage Return Premium Allowable	75%	65%	50%	40%	25%	10%	No Return
6 Months Policy	Percentage Return Premium Allowable	65%	50%	35%	20%			
3 Months Policy	Percentage Return Premium Allowable	No Return						

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

**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 should show this notice to anyone insured to drive the vehicle covered under the policy.**

**DATA PROTECTION –** We may pass information about the client and this policy to other insurance companies with which we either reinsure our business or who are dealing with a claim made under this policy. In addition, information may be passed to other insurance bodies in common with industry practice. These companies may be located in countries outside the UK that do not have laws to protect your information.

Zenith Insurance Management Limited is a member of the General Insurance Standards Council.

# **HIRE OPERATORS LICENSING DETAILS**

**FULL BASE OFFICE ADDRESS**

---

---

---

---

**NAME AND ADDRESS OF LOCAL LICENSING AUTHORITY**

---

---

---

---

**TYPE OF OPERATORS LICENSE AND NUMBER**

---

**VEHICLE LICENCE NUMBER**

---

**CURRENT MILEOMETER READING**

---

**I agree that in the event of change of any of the above notified details,  
that I will, with immediate effect notify these changes.**

**Signature of Proposer**\_\_\_\_\_

**Date**\_\_\_\_\_