

Fleet Driver Proposal Form

IMPORTANT NOTICE: - It is an Offence under the Road Traffic Acts to make a false statement or withhold any material information for the purposes of obtaining a Certificate of Motor Insurance. By completing this Proposal Form you hereby consent to us using the Personal Information provided by you to conduct appropriate anti-fraud and DVLA checks. Personal Information that you provide may also be disclosed to a credit reference agency, which may keep a record of that information. You also consent to this information being shared with other outside agencies in the course of investigating any claim or confirming that the information given is true and accurate. If you do not report an accident or claim immediately you may have to pay a £500 Late Reporting Excess. You are not insured to drive your vehicle under this fleet policy until such time as we have approved your application and issued a Certificate of Insurance and Policy Schedule stating that you are insured.

Underwriters reserve the right to decline to any proposal submitted.

Company _____

Full Name of Driver _____

Current Home Address _____

Post Code _____ **Email Address** _____

Drivers DOB _____ **How Long Resident in UK** _____ (years) **Mobile Number** _____

DVLA Check Code _____ **Occupation** _____

Type of Licence Held: **Full UK** **EU** **International** **Provisional**

Drivers Licence Number _____ **Date Driving Test Passed** _____

Which Licensing Authority issued your Taxi Licence? _____

Taxi Licence Number _____ **How long have you held Taxi Licence** _____

Have you been involved in an accident or made any insurance claims in the last 2 years, whether your fault or someone else's fault? Yes No

Have you been convicted (or have any pending) of any motoring offences in the last 5 years? Yes No

Have you been convicted (or have any pending) of any criminal convictions in the last 5 years? Yes No

Have you ever been refused motor insurance or had special terms imposed? Yes No

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS "YES", PLEASE PROVIDE FULL DETAILS ON A SEPERATE PAGE

VEHICLE MAKE & MODEL _____

NO. OF SEATS _____ **YEAR** _____ **ENGINE SIZE** _____ **CURRENT VALUE** _____ **£** _____

VEHICLE REG NUMBER _____ **WHO IS THE REGISTERED OWNER OF THE VEHICLE** _____

LEVEL OF COVER REQUIRED **COMPREHENSIVE** / **THIRD PARTY ONLY**

USE OF VEHICLE REQUIRED **SOCIAL DOMESTIC & PLEASURE** / **PRIVATE HIRE** / **PUBLIC HIRE** / **SELF DRIVE HIRE**

IMPORTANT DECLARATION:- I/we declare that all of the above statements are true and complete in every respect and that no material facts or other information has been withheld, misrepresented or suppressed, which may increase the risk or influence the granting of insurance cover by Underwriters. I/we undertake that the vehicle/s to be insured shall not be driven by any other person other than that declared on the Certificate of Motor Insurance and Policy Schedule. I/we further undertake that the vehicles/s to be insured shall be kept in a good condition and state of repair. I/we further declare and agree that if such statements and particulars are in the handwriting of any person other than myself/ourselves such persons shall be deemed to have been my/our agent for the purposes of completing this form and I/we agree that this proposal and declaration shall form the basis of the contract between me/us and the Underwriters and I/we agree on each renewal to notify the Underwriters of any material facts or changes affecting the continuance of the Insurance and I/we are willing to accept an Insurance subject to the terms, exceptions and conditions provisionally contained therein for this class of risk and if the risk is accepted to pay the premium required. **Underwriters reserve the right to decline to any proposal submitted.**

SIGNATURE OF DRIVER		DATE	
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