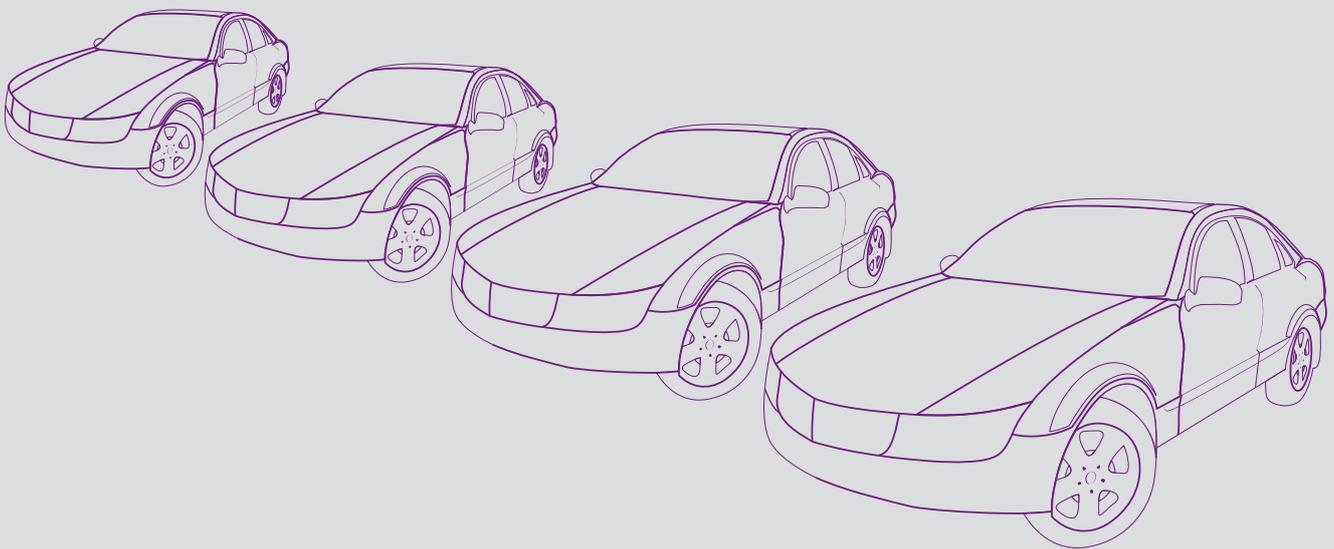


MOTOR FLEET PROPOSAL FORM



FLEET COVER
GEARED FOR
YOUR NEEDS

IMPORTANT NOTE

You are under a duty to make a fair presentation of the risk to us before the inception, renewal and alteration of your policy.

This means that you must tell us about and/or provide to us all material information or tell us and/or provide to us sufficient information to alert us of the need to make further enquiries to reveal such material information. This information needs to be provided in a clear and accessible manner.

Material facts are those which are likely to influence us in the acceptance of the terms or pricing of your policy. If you have any doubts as to whether any information is material you should provide it to us.

Failure to disclose any material fact may invalidate your policy in its entirety or may result in your policy not responding to all or part of an individual claim or class of claims.

In order to comply with your duty to make a fair presentation you must also have conducted reasonable searches for all relevant information held:

- within your business (including that held by your senior management and anyone who is responsible for your insurance); and
- by any other person (such as your broker, intermediary or agent or a person for whom cover is provided by this insurance)

1 YOU THE PROPOSER

PLEASE USE BLOCK CAPITALS

Title	Forenames and Surname or Company Name		
<input type="text"/>	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>		
County	Post Code		
Occupation and Nature of all business engaged in	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Phone No.	<input type="text"/>	
	Date of Birth (if applicable)	<input type="text"/>	
	Age (if applicable)	<input type="text"/>	

2 VEHICLES (Please complete Vehicle Schedule)

- a** Have any of the vehicles shown been altered in any way including electronically, e.g. engine or body modifications, special or non-standard equipment, non-standard wheels, or are any of them Left Hand Drive? YES/NO ►
- b** Has any vehicle audio/telecommunication equipment exceeding a value of £500? YES/NO ►
- c** Has any vehicle been fitted with any security or tracking devices? YES/NO ►

If YES to a, b or c give details

- d** Are all vehicles owned by you and registered in your name? YES/NO ►

If NO give details

3 COVER (for description of cover see overleaf)

Tick (✓) cover required: Comprehensive Third Party Fire and Theft Third Party Only

Trailer cover – if cover is required for trailers whilst attached to or detached from the insured vehicles give details of number owned, makes, serial numbers and values.

4 USE

- a** Will any vehicle be used for haulage purposes outside the United Kingdom? YES/NO ►
- b** Will any vehicle be used in Northern Ireland or Eire? YES/NO ►
- c** Will any vehicle be used “airside” in any airfield or aerodrome? YES/NO ►
- d** Will any vehicle carry toxic, explosive, corrosive or inflammable goods? YES/NO ►
- e i** Will any vehicle be used to carry passengers for private or public hire? YES/NO ►
- ii** Will any vehicle be hired from a rank or stand, have radio communication or cruise for fares? YES/NO ►

If **YES** to **a b c d** or **e** give full details

5 DRIVERS

- a** Do you or any person who may drive have defective vision or hearing (not corrected by glasses or hearing aid), any physical, mental, alcoholic or nervous disorder, or heart, diabetic or epileptic condition or other complaint, had blackouts or fits, or regularly take any prescribed medication? YES/NO ►

If **YES** give details including names of persons, nature of complaints, years stabilised if appropriate and details of medication. Also confirm that DVLA have been informed and advise whether your/their driving licence is restricted as a result.

You are reminded that all drivers are required by law to inform the Drivers Medical Branch at DVLA if they have any disability (including any physical or mental condition) which affects or may become likely to affect their fitness as a driver.

- b** Have you or has any person who drive:
- i** had any motoring convictions in the last **5 years** or are there any prosecutions pending or police enquiries outstanding (including fixed penalty offences)? Parking offences or a single speeding offence may be ignored. YES/NO ►
- ii** had any criminal convictions (or been charged with a criminal offence but not yet tried)? YES/NO ►

If **YES** give names of persons, offences, dates, penalties and points

- c** Have you, or any person who may drive, been disqualified from driving in the last 10 years? YES/NO ►

If **YES** give names of persons, offences, dates, penalties and periods of disqualification

- d** Do you examine the driving licences of all new employees for validity and motoring convictions? YES/NO ►
- e** Do you examine the driving licence of all employees annually to check they are valid and whether there are motoring convictions? YES/NO ►
- f** If so, do you undertake to advise us of all motoring convictions and any restriction which may be imposed by the Authorities? YES/NO ►

6 INSURANCE HISTORY

a State name of previous/present insurer showing branch, policy number and renewal date.

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b Have you or:

- i any director or partner in the business,
- ii any partner in any partnership, or
- iii any director of any company

either in the name of the business proposed or in the name of any other business in which any of you have had an interest:

- a ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required for special conditions imposed by any insurer? YES/NO ►
- b ever been convicted of or is any prosecution pending for any offence (excluding any motoring convictions and any offences which are spent under the Rehabilitation of Offenders Act 1974)? YES/NO ►
- c ever been the subject of a County Court Judgement and/or ever been cited in any unsatisfied court judgements (or the Scottish equivalent) within the last 10 years? YES/NO ►
- d ever been declared bankrupt or insolvent, subject to an individual voluntary arrangement with creditors, voluntary liquidation, a winding up or administration order, or administrative receivership proceedings within the last 10 years? YES/NO ►
- c Have there been any accidents, thefts or losses (whether covered by insurance or not and regardless of blame) during the past **3 years** in connection with any vehicle owned or driven by or in the charge of you or any other person who to your knowledge may drive? YES/NO ►

If YES to b or c give full details

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OFFICIAL CLAIMS EXPERIENCE FROM PREVIOUS INSURERS MUST BE ATTACHED

COVER TO OPERATE FROM

DAY MONTH YEAR

FOR

MONTHS

FOR USE OF BROKER/AGENT

REFERENCE NUMBER

AGENCY NUMBER

DATA PROTECTION AND DECLARATION

At NIG we are aware of the trust you place in us when you buy our products and our responsibility to protect your information.

Please ensure you have read our Privacy Statement, which is provided under separate cover and describes who we are, why we need to collect your information and how we will use it. We will also tell you who we share our information with and how we use it to improve the service we provide to our customers.

Motor Insurance Database (MID)

Information relating to your policy will be added to the Motor Insurance Database (MID) managed by the Motor Insurers' Bureau (MIB). MID and the data stored on it may be used by certain statutory and/or authorized bodies including the police, the DVLA, the DVANI, the Insurance Fraud Bureau and other bodies permitted by law for purposes not limited to but including:

- Electronic Licensing;
- Continuous Insurance Enforcement;
- Law enforcement (prevention, detection, apprehension and or prosecution of offenders);
- The provision of government services and or other services aimed at reducing the level and incidence of uninsured driving.

If you are involved in a road traffic accident (either in the UK, the EEA or certain territories), insurers and or the MIB may search the MID to obtain relevant information.

Persons (including his or her appointed representatives) pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on MID.

It is vital that the MID holds your correct registration number. It is our responsibility to update your policy to the MID. We fully comply with the agreements in place with the MIB to update your details within seven days, however it is important that you check your policy documents, ensuring that the registration number is recorded correctly.

If it is incorrectly shown on the MID you are at risk having your car seized by the Police. You can check that your correct registration number is shown in the MID at www.askMID.com. If the registration number is not shown correctly on your policy documents, or you cannot find your car on the MID, please contact us immediately.

Choice of Law

The parties to an Insurance contract are free to choose the law that will apply. In the absence of a specific agreement between the parties the law applying to this contract is English Law. We have supplied this Agreement and other information to you in English and we will continue to communicate with you in English.

Declaration

I/We declare that:

- a** if any answer has been printed or written by any other person, he/she shall be my agent for that purpose. I also confirm that any data which I have supplied in this form about other persons is given with their knowledge and authorisation
- b** to the best of my/our knowledge and belief the information given in this form is correct and complete in every detail
- c** I/we accept and conform to the terms, conditions and exceptions of the policy (a specimen of which is available on request) in the standard form issued by the Company for the Insurance now proposed and I will pay the premiums thereon.
- d** I/we consent for my appointed broker or agency to discuss my personal information with NIG on my/our behalf.

Proposer's Signature

Status

Date

It is recommended that you keep a record of all information supplied, (including copies of letters) for the purpose of entering into this contract. You may also apply for a copy of this form within the next three months. A specimen copy of the policy form is available on request which gives details of the Company's Complaints procedure. The Company reserves the right to decline any Proposal submitted.

Vehicle Schedule – Please list below details of all vehicles to be insured (or attach separate schedule)

Make and Model	Type of body and number of seats	Cubic/ carrying weight	Gross vehicle weight	Year of Make	Value	Registration letters and numbers	Cover	Table/ Class of Use	PREMIUM

