

Light Commercial Vehicle Proposal Form

No Cover attaches until this proposal is accepted and a Certificate of Insurance/ Cover Note is issued

RSA Northern Ireland Insurance Limited

Law Society House 90 – 106 Victoria Street Belfast, BT1 3GN Telephone: 028 90320190 Fax: 028 90327582 www.rsagroupni.com

1.	PROPOSER										
(a) Fu	ıll Name (including Tra	ading Name)									
b) Po	stal Address (including	g postcode)									
		L									
								Pos	stcode:		
(c) Daytime Telephone Number (d) Fax/E-Mail (e) Date of Birth											
f) Oc	Occupation or Trade Full Time: Part Time:										
h) Do	you hold a full UK or	Republic of Irelar	nd Driving	Licence? Yes	No	If Yes, Pleas	e state how lon	g you have he	ld this lice	ence?	Years Months
2.	VEHICLES										
	ke and Model	Gross Vehicle	Seat	ing Capacity	Date of	Year of	Estimated	Cover	Right o	r Left R	egistration
	l. body type)	Weight	Seat		Purchase	Make	Value	Required	hand dr		lumber
											V \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(a) H	as the vehicle been mod	dified from the ma	aker's speci	fication? If Ye	es, please giv	e details in Sect	tion 7				Yes No
(b) Is	there any special appar	ratus attaching to	the vehicle	eg. Lift/Crane	e etc? If Yes,	please give det	ails in Section	7			Yes No
(c) A	re you the Owner of the	e Vehicle(s) and is	s it registere	ed in your nam	e? If No, ple	ase give full de	tails of ownersl	hip and registr	ation in S	Section 7	Yes No
(d) D	o you own any other ve	ehicle(s) which yo	u use in co	nnection with	this business	? If Yes, please	give full detai	ls in Section 7			Yes No
	ailers – Standard policy on porarily detached during			ed, and provid	led details are	given, detached	whilst on the In	sured's premis	es or whils	t	
	additional trailer cove		-	over outlined	ahaya? If Va	na Dlagga aiva f	vil dotoilar				Yes No
	ke and Description	Plated Gross		Year of Mal		Value		Serial Number	•	Cover Re	equired
	•										1
2	USE										
	e of your vehicle(s) for				ness of the P	Policyholder is	covered as star	ndard other t	han for th	ne business	purposes
sho	wn below. Please ind	icate if you requi	ire cover fo	or:							
(a) Ca	arriage of Own Goods?	•									Yes No
(b) C	arriage of Goods for Hi	ire or Reward?									Yes No
(c) C	arriage of Passengers fo	or Hire or Reward	?								Yes No
(d) Commercial Travelling?									Yes No		
(e) U	se in connection with the	he Motor Trade?									Yes No
(f) Will Goods of an explosive, corrosive, toxic, inflammable or dangerous nature be carried at any time during the duration of the policy? If Yes, please give full details in Section 7									Yes No		
(g) Will the vehicle be used in Airports or in proximity to Aircraft? If Yes, please give full details in Section 7									Yes No		
(h) Will the Vehicle(s) be used outside of the UK/Republic of Ireland? Yes No [Yes										Yes No	
If the Answer to Questions (e) or (f) or (g) or (h) is "Yes" the Underwriters prior agreement must be obtained before cover can be provided											
4. DRIVERS											
	Full Name	D.O.B.	Licence	type (full/prov	risional)	Business/Occu P/T)	pation (F/T &		ong licence & months		If main user please tick

Eithei	r now or during the proposed period of insurance will the vehicle(s) by driven by any person who:						
(a) Is t	under 25 years of age?	Yes No					
(b) Is o	over 70 years of age?	Yes No					
(c) Ha	is had less than 2 years continuous driving experience under a full UK/Republic of Ireland licence applicable to the vehicle(s) being driven	Yes No					
	s been subject to a driving disqualification or more than 3 penalty points, or been convicted for any motoring/criminal offence or have a osecution pending?	Yes No					
(e) Has at any time suffered from Diabetes, Epilepsy, Heart Condition or any other physical/mental defect, diseases or infirmity which could impair the ability to drive? If you have answered "Yes" to Question (e) have the DVA been notified and issued a licence?							
such	u have answered "Yes" to questions (a), (b), (c) or (d) separate RSA Northern Ireland Insurance Limited Drivers Forms will be require persons to be considered by Underwriters. You are under a continuous duty to disclose any drivers for whom you would answer "Yes e questions.						
5.	PREVIOUS INSURANCE HISTORY & NO CLAIMS BONUS						
	ave you previously been insured in respect of any motor vehicle? Yes, please state name of insurance company, policy no. and expiry date						
(b) Ha	ave you ever traded or held Insurance in any other Name? If Yes, please give details in Section 7	Yes No					
(c) How many years No Claims Bonus are you claiming (which is not currently being used on any other vehicle)?							
(d) If	eligible, do you require No Claims Bonus Protection?	Yes No					
	ave you or any person who to your knowledge will drive the vehicle(s) been involved in any Loss, Damage, and/or Injury casioned by a motor vehicle during the past three years? If Yes, please give details in Section 7	Yes No					
	ave you or any person who to your knowledge will drive the vehicle at any time been declined Motor Insurance, had a policy elled or refused or had any special terms or an increased premium imposed? If Yes, please give details in Section 7	Yes No					
6.	GENERAL & COVER						
(a) Or	n what date do you require insurance to commence? Time Date						
•	have not given full and true answers to all questions asked on this Proposal, your insurance may not protect you in the event of a claim se something that has not been disclosed elsewhere in this Proposal please provide full details in Section 7.	ı. If you wish to					
7.	ADDITIONAL INFORMATION (attach additional sheet if required)						

IMPORTANT NOTES

The Underwriters reserve the right to decline any Proposal or apply special terms. Liability does not commence until a Cover Note or Certificate of Motor Insurance has been issued by RSA Northern Ireland Insurance Limited for and on behalf of RSA Insurance Ireland DAC.

Law Applicable to Contract: The parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English law.

Material Facts: When completing this proposal form it is important that you should disclose all material facts: that is, those facts that will influence an insurer in the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material, you should disclose it. Failure to do so may give the underwriters the right to refuse the claims which you make and in certain circumstances to avoid the policy altogether. It is an offence under the Road Traffic Act to make any false statement or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance.

Record Keeping: You should keep a record (including copies of letters) of all information supplied to us for the purpose of entering into this contract. A copy of this completed proposal form will be supplied to you on request within a period of 3 months after its completion. A copy of the policy document will be made available to the Proposer upon request.

Use of Information: RSA Northern Ireland Insurance Limited will treat your personal information fairly and lawfully in accordance with the Data Protection Act 1998. The information you provide to RSA Northern Ireland Insurance Limited will be used to administer and process any products/services you have purchased from us, administer any future agreements we may have with you, manage any claim notified by you or by a third party and for client services, research and statistical analysis. RSA Northern Ireland Insurance Limited may carry out searches for the purpose of verifying your identity and driving experience and/or a credit search with a licensed credit reference agency.

Products and Services: Unless you have advised us otherwise, we may share personal data that you provide with our business partners so we and they may contact you (by mail, e-mail, telephone or other appropriate means) in order to tell you about carefully selected products, services or offers that we believe will be of interest to you.

Motor Insurance Database: Information relating to motor insurance policies 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 insurers, the Police, DVLA/DVANI, the Insurance Fraud Bureau or other bodies permitted by law for purposes including, but not limited to: Electronic Vehicle Licensing, Continuous Insurance Enforcement, Law Enforcement (prevention, detection, apprehension and or prosecution of offenders) and obtaining information if you are involved in a road traffic accident (either in the UK, EEA or certain other countries). 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 the MID. It is vital that MID holds your correct registration number. If it is incorrectly shown on the MID you are at risk of having your vehicle seized. You can check that your correct registration number details are shown on the MID at www.askmid.com.

Fraud Prevention, Detection and Claims History: Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI) and the Irish Insurance Federation (IIF). The aim is to help us to check the 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 a claim. When you tell us about an incident, we will pass information relating to it to the registers.

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

Complaints/Enquiries: Any enquiry or complaint should be addressed in the first instance to your Broker/Agent. If you remain unhappy with the decision you receive, please write with full details including policy number and/or claims number to:- The Head of Compliance, RSA Northern Ireland Insurance Limited, Law Society House, 90 – 106 Victoria Street, Belfast, BT1 3GN. If you are not satisfied with the way your complaint has been handled you can refer your complaint to the Financial Ombudsman Service:- Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR.

Financial or Trade Sanctions: RSA Northern Ireland Insurance Limited is unable to provide insurance in circumstances where to do so would be in breach of any financial or trade sanctions imposed by the United Nations or any government, governmental or judicial body or regulatory agency.

DECLARATION

Please check your proposal carefully before signing this declaration. This is especially important if the proposal is not completed in your own hand.

I/We declare that the above answers are true to the best of my/our knowledge and belief and that the vehicles are in a roadworthy condition and that all material facts affecting the assessment of risk have been disclosed.

I/We agree that this proposal is for insurance in the standard terms and conditions of the Underwriters policy and shall be the basis of the contract. If any answer has been written by any other person such person shall for that purpose be deemed to be my/our agent and not the agent of the Underwriters.

I/We agree that in the event of a vehicle being the subject of a total loss claim the balance of any unpaid premium becomes due for payment before settlement is made and the underwriters may deduct those unpaid premiums from settlement monies.

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 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 may have been involved in.

Proposers Signature		Date	/	/		
Print Name			Position			
10. PREMIUM QUOTED		£				