

MOTOR INSURANCE PROPOSAL FORM

7 Eastern Road, Romford, Essex RM1 3NH • Tel 01708 678480 • Fax 01708 678444 • Email romford.sales@tradex.com
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)

Broker/Agent (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

MOTOR INSURANCE PROPOSAL FORM

Please ensure that all questions are answered in full in the spaces provided. PLEASE USE BLOCK CAPITALS.

1 DETAILS OF THE PROPOSER

Title (Mr/Mrs/Miss/Dr/Other) Forenames Surname

Home Address
 Post Code

How long have you lived at his address Years Type of property (eg: flat)

Telephone No's Home Work

Trading name (if applicable)

State whether Sole trader/Partnership/Limited Company/PLC Registration No (if Limited Co)

Are you registered for VAT YES NO If YES, VAT No

Business Address
 Post Code

Business Telephone No Fax No Mobile No

Full Business Description (if applicable)

Email Address

Do you hold an existing Tradex Policy YES NO If YES, Policy No Date of cover required

2 DRIVER'S DETAILS

	Name	Age	Date of Birth	Status* P/S/E/O	Home Post Code	Types of Licence Full / Prov / HGV / PSV	Years Held
1							
2							
3							
4							
5							
6							

* STATUS P Principal / Partner / Director S Spouse / Cohabitee E Employee C Child

3 CLAIMS HISTORY

Have you, or any person who may drive, had any accidents, claims or losses regardless of blame within the last 3 years YES NO If YES give details

Drivers	You	Additional Driver	Additional Driver	Additional Driver
Date and Details	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Costs and Injuries	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please continue on the continuation page, on page 6, if necessary.

CONVICTIONS, OFFENCES & PROSECUTIONS (show both motoring & non motoring offences)

Have you or any person who may drive ever been convicted or have a prosecution pending or enquiries pending for any offence

If NONE, state NONE

	Driver Name	Date of Offence	Conviction Code	Amount of Fine	Length of Sentence or Suspension
1					
2					
3					
4					
5					

Note: Spent convictions as defined in the 1974 Rehabilitation of Offenders Act (England and Wales) need not be disclosed. A conviction is NEVER spent if the sentence was over 30 months.

BANKRUPTCY / INSOLVENCY / COUNTY COURT JUDGMENT

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

Please continue on the continuation page, on page 6, if necessary.

5 MEDICAL HISTORY

Do you, or any other person who may drive, suffer from any mental or physical disability, infirmity, illness or handicap YES NO If YES give details

Drivers	You	Additional Driver	Additional Driver	Additional Driver
Nature of illness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Restricted licence	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
DVLA aware	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

A medical declaration may be required

6 DETAILS OF PROPOSED VEHICLE(S) - Please continue on the continuation page, on page 6, if necessary

	Vehicle 1	Vehicle 2	Vehicle 3
Make	<input type="text"/>	<input type="text"/>	<input type="text"/>
Model	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year Made	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engine Size	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Seats	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purchase Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purchase Price	<input type="text"/>	<input type="text"/>	<input type="text"/>
Present Value	<input type="text"/>	<input type="text"/>	<input type="text"/>

6 DETAILS OF PROPOSED VEHICLE(S) - CONTINUED

Where is/are the vehicle(s) parked overnight Home Work Other (please state) Garage Driveway Road

Where is/are the vehicle(s) parked during the day if different from above

Railway Car Park Garage Roadway Private Car Park Multistory Car Park Other (please state)

Does the vehicle(s) have an electronic immobiliser or tracking device YES NO If YES, specify reg. no. and make of device fitted

Have any of the vehicles been modified/enhanced in any way from the manufacturers standard specification YES NO

If YES, give details

Are any of the vehicles left hand drive YES NO If YES, specify reg. no.

Is the vehicle(s) registered in your name YES NO If NO, who is the vehicle registered to

7 USAGE AND MILEAGE OF YOUR VEHICLE - Please indicate below where appropriate

Use	You	Additional Driver	Additional Driver	Additional Driver
Social Domestic and Pleasure (excluding commuting)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Travel to/from a permanent place of work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Use in connection with your business profession	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Use in connection with your employers business	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Use by you for commercial travelling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated annual mileage for each driver	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8 COVER - Please tick box for cover required

Comprehensive Third Party Fire and Theft Third Party Only Do you wish to protect your no claims discount YES NO

Do you require cover for driving other cars? YES NO

Note: This is restricted to you only and not additional drivers

9 INSURANCE HISTORY

Have you or any person who will drive at any time been refused motor insurance, or been asked to agree to special terms and conditions YES NO

If YES give details

Name of previous Insurers Policy No Expiry date

Number of years bonus earned Type of Policy Private Commercial Taxi Motorcycle Other

Date cover to commence* Period of cover (please select) 1 month 3 months 6 months 9 months 12 months

* No cover is deemed to be in force unless a valid Cover Note or Certificate of Insurance has been issued.

PLEASE ENSURE THAT YOU:

- Have given all details correctly and signed the declaration on page 5.
- Attach a photocopy of all the drivers driving licences.
- Attach a photocopy of the vehicle log book and copies of any vehicle security certificates.

IMPORTANT FACTS: your consumer rights and your obligations

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 behalf 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, but the premium will still be payable until such time as the insurance certificate is received at Tradex.

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 Limited 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 any quotation given prior to the completion of this may change due to the information supplied.

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 agree to accept the terms, conditions and limitations of the policy to which this proposal applies.

I/we have not suppressed, misrepresented any material fact (see page 9) and have fairly estimated our wages and salaries expenditure and turnover.

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.

I/we agree to keep permanently owned vehicles' records up to date as required by the EU 4th Directive/Motor Insurers data base. Failure to do so may result in the cancellation of my policy and prosecution.

Signed as a sole trader or on behalf of a firm or company

Print full name of person signing

Position in company (if signing on behalf of a firm or company)

Date

If this form has been completed by anyone other than the person signing, please give the name of the person who has completed the form and their relationship to the proposer - ie Spouse, Agent, Broker, Employee

