

Commercial Vehicle Proposal Form For Touring Theatre Groups



IMPORTANT: It is an offence under the ROAD TRAFFIC ACT to make a false statement or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance and great care must be taken to ensure that this Proposal Form is completed correctly. In every particular – PLEASE USE BLOCK LETTERS THROUGHOUT AND MARK APPROPRIATE BOXES.

PROPOSER

Proposers Full Name	<input style="width: 100%;" type="text"/>		
Address/Postcode	<input style="width: 100%; height: 40px;" type="text"/>		
Telephone Number	<input style="width: 250px;" type="text"/>	Fax Number	<input style="width: 150px;" type="text"/>
E-Mail Address	<input style="width: 100%;" type="text"/>		
Description of Proposer's Business	<input style="width: 100%; height: 30px;" type="text"/>		
Period Of Insurance From	<input style="width: 250px;" type="text"/>	To	<input style="width: 150px;" type="text"/>

VEHICLES AND TRAILERS

1. Give details of all persons aged under 25 permitted to drive (including Proposer if an individual) stating whether the driver uses the vehicle for Social Domestic and/or Pleasure purposes.

Full Name	Date of Birth	Occupation	Type of Licence	Date passed UK Test	S,D & P Use (Please tick)		Reg No.
					YES	NO	

N.B. Where driving is not restricted to named persons and Comprehensive cover is selected, Accidental Damage cover will be excluded for all UNSPECIFIED DRIVERS aged under 25.

If no drivers aged under 25, state 'none'

2. Have YOU or any Director, Partner (whether under a current or previous trading name or interest or ANY PERSON who to your knowledge will drive the vehicle(s): Y/N

a) in the past 5 years been convicted of any offence in connection with a motor vehicle (including Endorsable Fixed Penalty offences) or is any such prosecution pending ?

b) been convicted of any offence involving dishonesty of any kind or is any such prosecution pending ?

c) been disqualified from driving ?

d) At any time been refused insurance or quoted an increased premium or had special terms imposed ?

e) suffered from heart disorder, diabetes, fits, or any other mental or physical infirmity or, are you/they Regularly taking any prescribed medication ?

i) If "YES", has the health condition been notified to the Driver Vehicle Licensing Agency (DVLA)

ii) If the health condition has been notified to the DVLA, have they issued the driver with a licence

N.B. While some health conditions are acceptable to us, this is on condition that the DVLA have been notified where required and have issued a licence having assessed the person's fitness to drive. Advice should be sought from a GP if any driver is in any doubt as to whether a health complaint needs to be notified to the DVLA.

f) in the past 5 years been involved in any accident or suffered any loss or theft, regardless of blame, in connection with any motor vehicle (including private cars and motor cycles) owned or driven by you or by any person who to your knowledge will drive ?

If you have answered 'YES' to any part of Question 2, or 'NO' to parts e) i) and/or e) ii), then please give details in the 'Additional Information' Section, clearly indicating the Question numbers, Drivers names, dates and cost of claims (where appropriate).

3. Are you now or have you ever been insured in respect of a motor vehicle ? Y/N
 If 'YES', please indicate name of Insurer, type of vehicle insured and renewal date of policy or policies.

N.B. Trailers – cover automatically includes Third Party liabilities arising out of the towing of trailers by SMALL GOODS VEHICLES i.e. up to 40 cwts carrying capacity (Pay Load) or 3.5 tonnes Gross Vehicle Weight. Trailers towed by other vehicles or those trailers for which any damage cover is required should be specified below.

Name of Insurer	Type of Vehicle	Renewal date of policy

- 4
- a) Registration Mark
 - b) Make & Model
(as shown on your registration document)
 - c) Type of Body
 - d) Gross Vehicle Weight
 - e) No of Seats
 - f) Year of Manufacture
 - g) Estimate of Present Value
 - h) Cover required: (tick appropriate box)
 - a) Comprehensive
 - b) Third Party Fire & Theft
 - c) Third Party Only
 - i) Do you intend to tow trailers with this Vehicle Y/N
 - j) Is the vehicle articulated ?
 If YES, is an anti-jack-knife device fitted ?
 - k) Is the vehicle kept in a building overnight ?
- If **NO** give full address of where the vehicle is kept and description of location e.g. drive, car park.
- Postcode
- l) Postcode of business address from which the vehicle operates
 - m) No Claims Discount entitlement. Please attach latest Renewal Notice from your last Insurer Years

- 5 Do any of the vehicles have plant or implements permanently fixed ? Y/N
 If 'YES', do you wish the policy cover to include Third Party liabilities while the vehicle is being used as a tool ?
- 6. Have any of the vehicles been modified or altered from the makers specification including addition of seats ?
- 7. Are any of the vehicles owned by or registered in the name of another person or firm ?
- 8. Are any of the vehicles subject to a Hire Purchase of Vehicle Leasing Agreement ?
- 9. Do you own or lease any vehicles which are not included on this Proposal Form ?

USE

10. a) Please state the general nature of goods and materials carried

b) Do you carry any inflammable, toxic, corrosive, explosive or otherwise dangerous substances ?

11. Are vehicles used for:

a) Carriage of own goods ?

b) Carriage of goods for other persons or firms ?

If 'YES', is carriage for one person or firm only ?

If 'YES', state name

12. Are passengers carried for hire or reward ?

If YES, please give full details below

Vehicle	Class of Licence (HGV, LGV or PCV, etc).	Seating Capacity (Ex Driver)
<input type="text"/>	<input type="text"/>	<input type="text"/>

13. Are vehicles used for business abroad ?

14. Will the vehicle be used at any time on any part of a commercial or military airport or airfield ?

DISCOUNTS

15. **Voluntary Excess** (Comprehensive Cover Only)

Do you wish to reduce your premium by paying the first part of each damage claim to your own vehicle other than by Fire, Theft or Breakage of Windscreens) This will be in addition to the compulsory £100 Excess ? Y/N

If 'YES', what amount of excess do you require £50 £100 * £200 *

* If you have ticked a box this excess will apply in addition to any compulsory excess (except Windscreen and Theft). Please see summary of cover.

The following discounts apply to Small Goods Vehicles only (i.e. vehicles up to 40 cwts carrying capacity (Pay Load) or 3.5 tonnes Gross Vehicle Weight).

16. **Restricting Driving**

Do you wish to reduce your premium by limiting driving of any vehicle to:

i) One named driver ?

ii) Two named drivers ?

If 'YES', to i) or ii) above state Name(s), Registration Mark(s) type of Driving Licence held and whether it is Full or Provisional.

Name	HGV, LGV or PVC etc.	Full of Provisional Licence
<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"/>

ADDITIONAL INFORMATION

If you have answered YES to any Questions contained on this Proposal Form, please give FULL details here or on a separate sheet of paper (attach details). Please state Question number clearly.

IMPORTANT

Please read the following carefully before you sign and date the Declaration.

- The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk. **FAILURE TO DISCLOSE ALL MATERIAL FACTS WHETHER OR NOT THE SUBJECT OF A SPECIFIC QUESTION MAY INVALIDATE YOUR INSURANCE.**
- We recommend that you should keep a record, including copies of letters and this Proposal Form, of all information supplied to us for the purpose of entering into this insurance.
- Please tick the box if you would like a copy of this proposal sent to you.

- The Insurers reserve the right to confirm driving licence details with DVLA.
- Insurers 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 to 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 a claim. When you tell us about an incident, we will pass information relating to it to the registers.

Your insurance cover details will be added to the Motor Insurance Database, run by the Motor Insurer's 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 Insurer's 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.

DECLARATION

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand.

- I/We declare that to the best of my/our knowledge and belief the answers given are true, the vehicle(s) is/are in a sound and roadworthy condition and all material information as explained has been disclosed.
- I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent and acting on my/our behalf, and not the agent of Royal & Sun Alliance Insurance Plc.
- I/We declare that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused insurance or renewal of insurance.
- I/We declare that this proposal is for insurance in the normal terms and conditions of the Insurer's policy and shall be incorporated in and form part of the insurance contract.
- I/We understand that you will pass the information on this form and about an incident I/We may be involved in to IDS Ltd and 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 IDS Ltd and 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 declare that I/we have received a copy of the Royal & SunAlliance customer service leaflet.

Signature of Proposer(s)
and position in Company

Date

This insurance will not commence until the Insurers have indicated their acceptance of the Proposal and a Cover Note or Certificate of Motor Insurance has been delivered. The Insurers reserve the right to decline any Proposal.

Underwritten by:



