

BROKER	SCHEME
BROKER REF	

# Passenger Vehicle Proposal Form



## 1. YOU THE PROPOSER

Full Name of Proposer(s)			
Postal Address			
		Postcode	
Telephone Number	Date of Birth (if an individual)		
Occupation(s) or Trade(s)			

## 2. YOUR VEHICLE

### Are the vehicles:-

	YES	NO	
a. based at the above address?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, where?
b. owned by you?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, give details
c. registered in your name?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, give details
d. kept in a private garage?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, state number kept
e. kept in a public garage?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, state number kept
f. kept in the open?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, state number kept
g. accessible to public when unattended overnight?	<input type="checkbox"/>	<input type="checkbox"/>	
h. locked when unattended?	<input type="checkbox"/>	<input type="checkbox"/>	
i. protected by security arrangements?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, give details
j. fitted with any special apparatus, e.g two-way radios, TV/ DVD equipment, public address systems, wheelchair lifts etc?	<input type="checkbox"/>	<input type="checkbox"/>	If YES state present values on schedule overleaf
k. during the past 5 years have you been issued with any Prohibition Order against your vehicle under the Construction and Use Regulations?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, give details

## 3. USE

a. State fully all purposes for which vehicles will be used.		d. Are the vehicles operated as a Stage or Express carriage?	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; height: 40px;"></div>		If YES please give details of the use permitted by the Road Service Licence	<div style="border: 1px solid black; height: 20px;"></div>	
b. State number of vehicles operating under PSV (PCV) type licence:		e. Are passengers carried for hire or reward?	<input type="checkbox"/>	<input type="checkbox"/>
Stage <input type="checkbox"/>	Contract <input type="checkbox"/>	f. Will the vehicles be used for any business purpose other than the carriage of passengers?	<input type="checkbox"/>	<input type="checkbox"/>
Express <input type="checkbox"/>	Tour/Excursions <input type="checkbox"/>	If YES, give full particulars	<div style="border: 1px solid black; height: 20px;"></div>	
c. Please give the approximate percentage of passengers carried by type:		g. Do you engage in Continental Trips?	<input type="checkbox"/>	<input type="checkbox"/>
Employees <input type="checkbox"/> %	General Public <input type="checkbox"/> %	If YES please state approximate duration, number each year and countries concerned	<div style="border: 1px solid black; height: 20px;"></div>	
Schools/Hospitals <input type="checkbox"/> %	Other (Please give details) <input type="checkbox"/> %	h. Please state the main areas of use in the UK.	<div style="border: 1px solid black; height: 20px;"></div>	
Clubs <input type="checkbox"/> %				
Tourists <input type="checkbox"/> %				

## 4. INSURANCE HISTORY

a. Have you, or any of your proposed drivers	YES	NO	
i) Ever been convicted of any motoring offence including fixed penalties in connection with ANY vehicle or is any prosecution pending.	<input type="checkbox"/>	<input type="checkbox"/>	If YES, give details
ii) Suffer from a notable condition not notified to DVLA or any condition for which DVLA have restricted the licence?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, give details
iii) Ever been disqualified from driving or had a driving licence suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, give details
b. Has any previous Insurer AT ANY TIME:-			
i) Declined, cancelled or refused to renew your motor insurance?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, give details
ii) Required increased premiums or imposed special conditions on any motor insurance?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, give details
iii) Stipulated for an excess?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, give details
c. Have you traded as a Coach Operator under any other name?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, give details
d. If previously insured in respect of any motor insurance state name of all insurers and Policy Numbers for the last 5 years?			<div style="border: 1px solid black; height: 20px;"></div>

## 5. DRIVERS

a. Number of employees licenced to drive, Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Attach details of all part time drivers.		
b. Are current PCSV (PCV) licences held by all proposers? If NO give details overleaf.	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	If NO, give details
c. Cover is normally EXCLUDED in respect of drivers			
i) Under 25 or over 65, or	<input type="checkbox"/>	<input type="checkbox"/>	If YES, a separate drivers application form must be submitted.
ii) with less than 24 months' continuous driving experience of the type of vehicle the driver will use.	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any such drivers for consideration by Underwriters?			

#### 4. DRIVERS CONTINUED

d. Give particulars of all loss, damage and/or injury sustained or occasioned by any motor vehicle driven or owned by you or any driver or proposed driver during the past three years.  
If none state "NONE"

Year	Total no. of motor vehicles owned	Total no. of accidents & losses	Damage to proposer's motor vehicle		Third Party		Theft	
			No.	Amount	No.	Amount	No.	Amount
			PAID					
			OUTSTANDING					
			PAID					
			OUTSTANDING					
			PAID					
			OUTSTANDING					

e. Give details of all persons who may drive

Title	Full Name	Date of Birth	Occupation	Period of private hire experience	Date full licence obtained	Type of licence i.e PCV

f. Particulars of vehicles to be insured

Make	Type of body & number of wheels	Date of Make	Accessories & value Type	Value	No. of Seats excluding driver	Date of purchase	Proposer's estimate of current value £	Registered Letters and Numbers	Cover required

**COVER OPERATIVE FOR 12 MONTHS FROM**

**TIME:**

AM/PM

**DATE:**

#### DATA PROTECTION

The details you have provided will be used by the Equity Red Star Services Limited to process your request in accordance with the Data Protection Act 1998 and the other applicable laws. We share data with approved organisations for underwriting and fraud prevention purposes. Your data may also be processed outside the European Economic Area. In all instances we take steps to ensure an adequate level of protection is given to your information. In order to assess the terms of an insurance contract or administer claims that arise, we may need to collect data that the Data Protection Act 1998 defines as sensitive (such as medical data or criminal convictions). In order to process your information for the purposes of providing insurance and claims handling, it may be necessary to pass your information to carefully selected third parties and other Group companies. By proceeding with this application you signify your consent to such information being processed in this way.

If you have any queries, please contact the Company Secretariat at: Equity Insurance Group Limited, Library House, New Road, Brentwood, Essex, CM14 4GD.

**DECLARATION** I/We understand that you will pass the information on this form and about any incident I/we may give details of to IDS Ltd, MCL Software 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, MCL Software Ltd and ABI may pass you information they have received from other insurers about incidents anyone insured to drive the vehicle covered under the policy have been involved in. I/We declare that the answers given above and (on which the Underwriters will rely in deciding whether to accept the risk and in fixing the premium) are true to the best of my/our knowledge and belief, and that the vehicle(s) described is/are in roadworthy condition and that no information has been withheld by me/us that might influence the Underwriters acceptance and assessment of this insurance, and to accept a policy subject to its terms and conditions and exceptions. I/We also agree that if anything on this form has been written by another person, he or she acted as my/our agent for that purpose. I/We hereby consent to any information you may have about me/us being processed by you for the purpose of providing insurance and claims handling, which may necessitate your providing such information to third parties.

**BEFORE SIGNING THIS DOCUMENT PLEASE READ NOTES BELOW**

**DATE**

**SIGNATURE**

#### IMPORTANT NOTES

- WARNING:** If you are in any doubt about a particular fact(s) being material to this insurance you should disclose it/them. Failure to disclose all material information may result in the insurance being void from inception - leaving you without insurance cover. You should keep a complete record (including copies of all letters) of all information supplied to Underwriters for the purpose of entering into this Contract of Insurance.
- At your request a copy of this completed form will be supplied to you, provided the request is made within a period of three months after its completion.
- Underwriters liability does not operate until acceptance has been notified or a Cover Note delivered to the insured. If the Proposal should disclose any special features the Underwriters may quote special terms and they reserve the right to decline a proposal.
- Details of full Policy Terms will be supplied upon request.

#### NOTICE

Insurers pass information to the claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd), the Hunter Database, run by MCL Software 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 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 policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers' Information Centre (MIIC). MID data may be used by the DVLA and DVLI for the purpose of Electronic Vehicle Licensing and by the Police for the purposes of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime. If you are involved in an accident (in the UK or abroad), other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to obtain relevant policy information. Persons 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. You can find out more about this from your insurer or at [www.miic.org.uk](http://www.miic.org.uk). You should show this notice to anyone insured to drive the vehicle covered under the policy.

#### ADDITIONAL INFORMATION (use a separate sheet of paper where necessary)