

SECTION NO.	BROKER	SCHEME
INST.	BROKER REF	

Van Proposal Form



PLEASE COMPLETE USING BLOCK CAPITALS

1. YOU THE PROPOSER

Mr/Mrs/Ms/Miss Full Name/Title of Company (If not a limited company insert full names of all principles or partners and the full trading name)

Postal Address

Postcode Vehicle Garaging Postcode

Daytime Telephone Number Date of Birth (if private individual)

Occupation or type of business (including part time)

If you have been in this business less than 2 years, state nature of previous business

2. YOUR VEHICLE (Use separate proposal if more than one vehicle)

Vehicle:

Make and Model	Type of Body and number of seats	Date of Purchase	Gross vehicle weight
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engine capacity	Year of Make	Value	Registered Letters/Serial Numbers
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trailer:

Date of Purchase	Year of Make	Value	Distinguishing Mark / Serial No.	Cover required*	Comp	TPFT	TPO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any changes from the manufacturer's standard specification whether mechanical, cosmetic, or customisation or special equipment fitted? **YES** **NO**

If YES give details overleaf.

Do you own any other vehicle(s)/trailer(s)? If YES give details overleaf **YES** **NO**

Is the vehicle owned by you and registered in your name? If NO give details overleaf **YES** **NO**

* Cover on trailers cannot exceed the level of Policy Cover.

3. COVER Please indicate your requirements for policy cover

Comprehensive Third Party Fire & Theft Third Party Only Voluntary £100 Damage, Fire & Theft Excess (Comprehensive Policies only - maximum discount £60) **YES** **NO**

4. USE (See overleaf)

Carriage of own goods only Carriage of goods for hire and reward within 100 mile radius Carriage of goods for hire and reward unlimited mileage

Will goods of an explosive/radio-active or dangerous nature be carried? (If YES please give details overleaf) **YES** **NO**

Will passengers be carried for hire or reward? **YES** **NO**

5. DETAILS OF ALL KNOWN DRIVERS (Use a separate sheet of paper where necessary)

One driver aged 25-29 One driver aged 30-39 One driver aged 40 or over

Any driver aged 22 or over Any driver aged 25 or over Any driver aged 30 or over Any driver aged 40 or over

	Name			All Occupations (Incl. Part Time)	Date of Birth	How long have you driven regularly in the UK
	Title	Initial	Surname			
YOURSELF	(Details are required, ticks & dashes are not acceptable)					
DRIVER 2						
DRIVER 3						
DRIVER 4						

	Type of current UK/EU licence, full or provisional and period held		Motoring convictions & disqualifications Incl. fixed penalties & prosecutions pending IF NONE STATE NONE						Months Banned	Does any driver suffer from a notifiable condition not notified to DVLA or any condition for which DVLA have restricted the licence?
	Type	Year test passed	Day	Month	Year	Code	Points	Fine		
YOURSELF										
DRIVER 2										
DRIVER 3										
DRIVER 4										

If more than three additional drivers or you require additional space give details overleaf.

You are reminded that you are required by law to inform Drivers Medical Branch, DVLC, Swansea SA99 1AT, at once, if you have any disability (including any physical or mental condition) which is or may become likely to affect your fitness as a driver.

6. INSURANCE HISTORY

- a) Have you previously been insured in respect of a motor vehicle? If YES, give details including Company Name, Policy No. and No. of N.C.B due. YES NO
- b) Have you or any person who may drive been declined motor insurance or had a motor policy cancelled or any special terms imposed? YES NO
If YES, give full details
- c) Do you have the use of another vehicle? YES NO
If YES, give full details
- d) Have you or any person who may drive had any accidents/claims/losses (whether to blame or not) in connection with any motor vehicle during the last three years? If YES please give details below. YES NO

Day	Month	Year	Own vehicle repair costs	Third party repair costs	Personal Injury paid or outstanding	Name of Driver	Brief details of circumstances	Conviction Imposed YES/NO

7. CLASSIFICATION OF USE

- Class A - Carriage of own goods. Excluding any use for Hire or Reward.
- Class B - Carriage of goods for hire or reward within a radius of 100 miles from the address at which the vehicle is based.
- Class C - Carriage of goods for hire or reward - unrestricted radius.

COVER OPERATIVE FOR 12 MONTHS FROM

TIME:

AM/PM

DATE:

DATA PROTECTION

The details you have provided will be used by Equity Red Star Services Limited to process your request in accordance with the Data Protection Act 1998 and 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 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 other incidents anyone insured to drive the vehicle covered under the policy have been involved in. I/we declare that the answers given (on which the Underwriters will rely when 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, conditions and exceptions. I/we also agree that if another person has given any information on this form, he or she acted as my/our agent for this 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 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 this 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 the 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 on 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 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 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 DVLENI 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 us, or at 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)