

INSURANCE ARRANGED BY

CLEGG GIFFORD

STRONG INSURANCE FOR A TURBULENT WORLD

INSURANCE BROKERS



Underwritten by Tradex Insurance Company Ltd.

Motor Insurance

Proposal Form

Please ensure that all questions are answered in full in block capital and initial all alterations. If you have insufficient space on this form please use a separate piece of paper or clearly indicate if marked overleaf. It is essential that you provide us with all material facts. A material fact is details or information that is likely to influence our decision and/or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it. Failure to disclose all material facts may invalidate your policy or result in that policy not operating in full.

It is an offence under the road traffic acts to make any false statement or to withhold any material information for the purposes of obtaining a certificate of motor insurance.

You should keep a copy of all information supplied to us. At your request we will provide you with a copy of this proposal form within 3 weeks of its completion. A specimen copy of the policy applicable is available on request.

Please tick if you require a copy of this proposal form

Please note that no cover is in force until this proposal form has been accepted and a cover note has been issued.

We reserve the right to decline any proposal.

OFFICE USE ONLY

Premium:	<input type="text"/>	Processed By:	<input type="text"/>
Client Code:	<input type="text"/>	Date	<input type="text"/>
Staff Initials:	<input type="text"/>	Date cover to commence from	<input type="text"/>

Part A - MOTOR Insurance - Details of the Proposer

Title Forenames Surname Tel. No. Email:	Address Post Code How long have you live at this address? years
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When would you like cover to commence? Date: Time:

Please note that no cover is in force until this proposal form has been accepted and a cover note has been issued.

Details of persons to drive the insured vehicle(s)

Drivers Forename	The			
Drivers Surname	Proposer			
Date of Birth	/ / age:	/ / age:	/ / age:	/ / age:
Marital Status				
Type of Licence held				
Date test passed				
Full time occupation				
Part time occupation				
Usage (Frequent/Casual)				
Relationship to Proposer	not applicable			
Driving which vehicles?				

Please provide a copy of all drivers' (including proposer's) driving licences, including the A4 information sheet.

CLAIMS HISTORY	Have you, or any person who may drive, had any accidents claims or losses regardless of blame within the last 5 years?	<input type="checkbox"/> yes/no	If yes give details in space below
Date and details of Incident			
Third Party Damage			
Own Damage			
Total amounts paid			
NCD Prejudiced			
Full recovery made?	(yes/no)	(yes/no)	(yes/no)

CONVICTIONS	Have you, or any person who will drive, been convicted of, or have any prosecutions pending, for any motoring or criminal offence including fixed penalty notices.	<input type="checkbox"/> yes/no	If yes give details in space below
Conviction Code			
Date of Conviction			
Date of Offence			
Reading (Blood/Breath)			
Level of Reading			
Amount Fined			
Length of Ban			

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 in space below

A medical declaration may be required. Please use a separate piece of paper if there is insufficient space.

INSURANCE HISTORY Have you, or any person who will drive at any time been refused motor insurance, or been asked to agree special terms and conditions? yes/no If yes give details in space below

Details of the Proposed Vehicle(s)

Make and Model	Year Made	Engine Size/GVW*	Registration Number	Value **	Type of Vehicle	Cover Req'd***	Main User
1)							
2)							
3)							
4)							

* GVW - Gross Vehicle Weight for commercial vehicles

** This should reflect the value of the vehicle not the purchase price. Please note that, in the event of a total loss, insurers will not settle at more than the amount shown on the schedule.

*** Please state cover required. Comprehensive, Third Party Fire & Theft or Third Party Only

Is there a Finance Agreement on your vehicle? Yes / No Please check with your Finance provider as they may require you to have Comprehensive Cover

Do you ever take your vehicle to the UK or Mainland Europe?	<input type="text"/>	yes/no
If yes, how many times a year and for how long each time?	<input type="text"/>	
Can cover be restricted to use in Channel Islands only?	<input type="text"/>	yes/no
Is your vehicle kept permanently in the Channel Islands at your home address?	<input type="text"/>	yes/no
If not kept in the Channel Islands please show Post Code where private car is used	<input type="text"/>	
Is your vehicle kept in a garage overnight?	<input type="text"/>	yes/no
If not, please indicate where it is parked overnight, ie driveway, road etc.	<input type="text"/>	
Is the vehicle(s) owned and registered in your name? If not, show details below.	<input type="text"/>	yes/no

details for above question

Have any of the private car(s) been modified in any way from the manufacturers standard specification? If yes, provide details below. yes/no

details for above question

Usage and Mileage of your vehicle - Please tick boxes for use required for all drivers

Use	Driver 1	Driver 2	Driver 3	Driver 4
Social, domestic & pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social, domestic & pleasure including commuting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use in connection with your business or profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use in connection with your employers business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other use (please state below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

details for above question

Do you wish to Protect your No Claims Discount (yes/no) *Note: Maximum No Claim Bonus only*

Do you require driving other cars extension (yes/no) *Note: This is restricted to you only and not any additional drivers*

Details of Previous Insurance

Name of Previous Insurers Policy Number
Number of Years Bonus Earned Protected (yes/no)

Evidence of No Claim Bonus from your previous insurers will be required.

Please use this space to provide additional information

Cancellation

You may cancel this insurance by giving us written notice and, at the same time, surrendering the current Certificate of Motor Insurance and Windscreen Insurance Disc (if applicable). You may be entitled to a refund of premium *provided that* no claim has been made during the current period of insurance.

DECLARATION: I/We declare that to the best of my/our knowledge and belief that the statements made in this proposal are true and complete and that I/we have not withheld any material information. If such statements are computer printed or in the writing of another person, the person completing the form or keying the information into the computer acted as my/our agent for such purposes.

I/we now invite Tradex Insurance Company Ltd to arrange insurance on my/our behalf and accept that this proposal will be the basis of a contract between myself/ourselves and the insurers and accept the terms, conditions and limitations of the insurers' policy.

I/We accept that the information on this form, or on any other subsequent documentation, or on any claim that I/we may make may be supplied to any insurance industry standard databases to allow this information to be made available to other insurers.

Proposers Signature

Date Signed

Joint Signature

Date Signed

Office Use Only/ Initials