

Motor Fleet Policy Proposal Form

Full name of proposer

Full business address Postcode

Full description of business/trade

Cover required from

Day	Month	Year	Number of employees	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Name of previous motor insurer

Policy number and expiry date of previous motor insurance

Please attach confirmed claims experience from your previous insurer and a schedule of vehicles to be insured

1. Are you the actual owner of the vehicles? YES NO
 If **NO**, give details

2. Are the vehicles registered in your name? YES NO
 If **NO**, give details

3. Other than the vehicles to be insured, do you own or are you responsible for any other vehicles? YES NO
 If **YES**, give details

4. State purpose for which the vehicles will be used

5. What is the general nature of the goods carried?

6. Will goods be carried for hire or reward? YES NO
 If **YES**, give details

7. Will passengers be carried for hire or reward or for any other purpose? YES NO
 If **YES**, give details

8. Will explosives, chemicals, chemical by-products, acids or goods of a generally dangerous or inflammable nature carried at any time? YES NO
 If **YES**, give details

If you are in any doubt as to whether any goods carried fall into these categories, please advise us.

9. Will vehicles be used in the vicinity of aircraft? YES NO
 If **YES**, give details

10. Do you and all your drivers hold an appropriate full U.K. driving licence for the category of vehicle to be driven? YES NO
 If **NO**, give details

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11. Have you or any of your partners, principals or directors:
- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| i) been declared bankrupt or been disqualified from being a company director or been involved as owner, director or partner with any company which went into receivership, administration or liquidation? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) been the subject of (or have pending) any County Court judgements or Sheriff Court decrees? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii) any unspent convictions, been charged, (or to be tried) for any criminal offences? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered **YES** to any of the above, please give details

12. Will any vehicle be driven by any person who to your knowledge:
- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| i) has any unspent convictions for a criminal offence? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) has been refused any motor vehicle insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii) suffer from any disease or physical infirmity not disclosed to DVLA? | <input type="checkbox"/> | <input type="checkbox"/> |
| iv) has during the past 5 years been convicted of any of the following motor offences: manslaughter, causing death by reckless driving, dangerous driving, driving under the influence of drink or drugs, failing to stop after an accident or any offence or combination of offences which resulted in suspension from driving? | <input type="checkbox"/> | <input type="checkbox"/> |
| v) has more than 6 current penalty points on their licence? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered **YES** to any of the above, please give details

Important notices

Motor Insurance Database (MID) and other Databases

Information relating to your insurance policy will be added to the Motor Insurance Database (MID) managed by the Motor Insurers' Bureau (MIB). MID and the data stored on it may be used by certain statutory or authorised bodies including the police, the DVLA, the DVANI, the Insurance Fraud Bureau and other bodies permitted by law for purposes not limited to but including:

- a) electronic licensing, b) continuous insurance enforcement, c) law enforcement (prevention, detection, apprehension and or prosecution of offenders), d) the provision of government services or other services aimed at reducing the level and incidence of uninsured driving.

If a vehicle of yours is involved in a road traffic accident (either in the United Kingdom, the EEA or certain other territories), insurers or the MIB may search the MID to obtain relevant information. Persons (including their appointed representatives) 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. It is vital that the MID holds correct registration numbers for your vehicles. If incorrect details for any of your vehicles are shown on the MID you are at risk of having the relevant vehicle seized by the police. You can check that correct registration number details for your vehicles are shown on the MID at www.askmid.com

Choice of Law

In the absence of any agreement to the contrary, the laws of England and Wales will apply and this policy will be subject to the exclusive jurisdiction of the courts of England unless, at the commencement of the period of insurance, you are either:

- i) a resident of; or, ii) a business with its registered office or principal place of business situated in; Scotland, Northern Ireland, the Channel Islands or the Isle of Man, in which case (in the absence of agreement to the contrary) the law of that country, crown protectorate or dependency will apply and this policy will be subject to the exclusive jurisdiction of the courts of that country, crown protectorate or dependency.

Data Privacy

Your information has been, or will be, collected or received by Aioi Nissay Dowa Insurance UK Limited. We will manage personal data in accordance with data protection law and data protection principles. We require personal data in order to provide good-quality insurance and ancillary services and will collect the personal data required to do this. This may be personal information such as name, address, contact details, identification details, financial information and risk details. The full Data Privacy Notice can be found on https://www.aioinissaydowa.eu/en/our_operations/uk.cfm.

A paper copy of the Data Privacy Notice can be obtained by contacting the Data Protection Officer by email (DPO@aioinissaydowa.eu) or at the below address: The Data Protection Officer, Aioi Nissay Dowa Insurance UK Limited, 52-56 Leadenhall Street, London, EC3A 2BJ

Disclosure

Information provided by you, or on your behalf is relied upon by the Underwriters in setting the premium required and the terms applicable to your insurance. You must either disclose all material circumstances or provide us with sufficient information to put us on notice to make further enquiries. (A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium)). Reckless or fraudulent disclosure of material facts could result in your policy being invalidated. You should contact us or your insurance agent for clarification of any matters which are not clear to you regarding the scope of disclosure required or the provisions of this policy. The completion of this proposal form does not necessarily mean that a 12-month policy will be issued. **We reserve the right to decline any proposal or apply additional terms.**

Declaration

We declare that we have read all the statements and particulars given, including those answers written for us by any other person and that to the best of our knowledge and belief, the contents of this proposal form, all attached additional information and other particulars which have been given separately to Aioi Nissay Dowa Insurance UK Limited by ourselves or our agents are true and complete and that no material facts have been omitted, misrepresented or mis-stated.

WE AGREE THAT

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|----|---|
| a) | The cover offered by the Aioi Nissay Dowa Insurance UK Limited policy is based upon the answers given in this proposal form and any additional information supplied, and that we undertake to pay the required premium when asked to do so. |
| b) | Aioi Nissay Dowa Insurance UK Limited may contact your previous insurers for further information and/or clarification if required. |
| c) | You may pass the information on this form and about any incident to IDS Ltd and ABI so that they can make it available to other insurers. We understand that, in response to any searches you may make in connection with this application or any incident detailed on it, IDS Ltd and ABI may pass you information it has received from other insurers about other incidents involving anyone insured to drive the vehicle covered under the policy. |
| d) | We will immediately supply details of any vehicle owned by us or in our custody or control or for which we are legally responsible and which is to be covered by this policy for entry on the Motor Insurance Database. |
| e) | We will disclose if any vehicle is to be driven by any person(s) who to our knowledge has accumulated more than 6 current penalty points on their licence. |

Signed for and on behalf of the proposer by:

Proposers Signature: _____

Date: _____

Name (please print): _____

Position (e.g. Director): _____