

TAXI

ADDING TAXIS, PHV'S AND PSV'S

This form is for adding taxis, PHV's, PSV's to your Tradex Taxi Policy.

Policyholder **Policy no.**

COMPLETING THIS FORM

Please complete this form in BLOCK CAPITALS. You must give full and true answers to all questions. 'YES' or 'NO' answers must not be left blank. If you need more space for any of the answers, please continue on a separate sheet.

The key below is there to help you to complete the correct parts of the form

- REQ** Must be completed
- POS** Complete in full if cover required
- OPT** Optional covers available.

REQ THE ADDITIONAL TAXIS, PHV'S AND PSV'S

Please provide the details requested below

	Taxi 1			Taxi 2			Taxi 3		
Date cover is to begin									
Level of cover required <input checked="" type="checkbox"/>	Comp <input type="checkbox"/>	TPF&T <input type="checkbox"/>	TPO <input type="checkbox"/>	Comp <input type="checkbox"/>	TPF&T <input type="checkbox"/>	TPO <input type="checkbox"/>	Comp <input type="checkbox"/>	TPF&T <input type="checkbox"/>	TPO <input type="checkbox"/>
Registration number	<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"/>
Drivers' full names <i>Note: Only drivers listed here or already named in the policy schedule may drive the taxis</i>									
Make and model									
Year of manufacture									
Engine size / Gross Vehicle Weight									
Fuel type									
Type of body									
Number of seats excluding the driver <i>Cover can be provided for minibuses with up to 16 passenger seats</i>									
Is it an import not usually available in the UK or a left hand drive?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If it has been modified in any way from the manufacturer's standard specification including any adaptations or lifts for disabled use, give full details.									
Is it fitted with - an alarm and/or immobiliser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
- a tracking device?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES, give full details in the box									

Continue with Additional taxis, PHV's and PSV's >>

	1		2		3	
Is it fitted with - <i>continued</i> - a 'black box', camera, telematics or similar device?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, who is it supplied and maintained by?						
What type of signwriting does the taxi have - none, removable, under 25%, over 25% painted or vinyl wrapped?						
Date of purchase						
Purchase price	£		£		£	
Current market value	£		£		£	
Total replacement cost of accessories, taxi meters, roof signs, in-vehicle equipment and signwriting	£		£		£	
Estimated annual mileage						
Is it - Owned outright?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
- Under a hire purchase agreement or financed?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Leased or under a contract hire agreement?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Where kept overnight or when not in use?	<input checked="" type="checkbox"/>	Postcode	<input checked="" type="checkbox"/>	Postcode	<input checked="" type="checkbox"/>	Postcode
- Road	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Own driveway	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Own garage	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Car park /compound	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Multi-storey car park	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Business address	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Other	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
If other, provide details in the box						
No claim bonus <i>Proof from the insurer must be provided within 30 days</i>	Years	Protected	Years	Protected	Years	Protected
	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/>
Registered keeper's name						
Owner's name if different						
Who owns the taxi plate?						
Date obtained						
Licence/plate number						

[Continue to Optional covers >>](#)

OPT OPTIONAL COVERS

Finance gap cover

Do you require cover? Yes No

Total loss additional premium waiver

Do you require cover? Yes No

If YES to either of the questions above, please contact us, your broker or agent for a quotation.

REQ DECLARATIONS – PLEASE READ CAREFULLY THEN SIGN AND DATE

- I/we declare that the information given and the statements made in this form are to the best of my/our knowledge and belief, true and complete. I/we acknowledge that this form will become part of the completed proposal and its declaration I/we originally completed. I/we will pay the premium when called upon to do so.
- I/we understand that any quotation already given may change when Tradex receives and assesses this completed form. Tradex has the right to impose special terms or decline to provide cover.
- I/we understand that if Tradex does not receive proof of each vehicle's no claims bonus from my/our previous insurer within 30 days of cover incepting, they will charge an additional premium and may, at their option, cancel the policy.

For your own benefit and protection you should re-read this form and your original proposal form carefully before signing below and, if you have any queries, speak to your broker, agent or to us.

Policyholder's signature

Full name

Position in business

Date

If any part of this form has been completed by anyone other than the policyholder, please give the full name of the person who has done so and the relationship to the policyholder e.g. broker, agent, spouse, employee.

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