

HOMEFLEET ADDITIONAL VEHICLE FORM



Policyholder	<input type="text"/>	Policy number	<input type="text"/>
Broker	<input type="text"/>	Cover start date	<input type="text"/>

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 an additional sheet.

THE ADDITIONAL VEHICLES

Cover for your vehicles is extended to include use abroad in the policy's territorial limits for up to 45 days per trip. (See page 6 for a definition of the territorial limits and pages 9 and 13 for details of the cover, terms, conditions, excesses and limitations.)

Subject to the completion of a separate Extended European and Foreign Use questionnaire, cover may be available for

- longer trips in as well as trips of any length outside the territorial limits
- business trips
- vehicles you keep in the territorial limits for more than 45 days in any period of insurance.

Provide the details requested below for all additional vehicles to be insured.

	Vehicle 1	Vehicle 2	Vehicle 3
Date cover is to begin			
Registration number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drivers' full names <i>Note: Only drivers already insured may drive each vehicle</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered keeper's name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner's name, if different	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total annual mileage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Make and model	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of manufacture	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engine size	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fuel type	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of seats including driver	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of purchase	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purchase price	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Current market value	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Is it an import not usually available in the United Kingdom?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it 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"/>
Is it modified in any way from the manufacturer's standard specification including any adaptations or lifts for disabled use?	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 alongside	<input type="text"/>	<input type="text"/>	<input type="text"/>

Continue with additional vehicles >>

	Vehicle 1		Vehicle 1		Vehicle 3	
Is it a						
- SORN vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- being renovated or restored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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						
- a 'black box', camera or similar device (telematics)?	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?						
Is it		√		√		√
- Owned outright?		<input type="checkbox"/>		<input type="checkbox"/>		<input 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 is it parked overnight? If not at the home address above, give the postcode	√	Postcode	√	Postcode	√	Postcode
- On the road?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- On the driveway?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- In own garage?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Other	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Give details alongside						
Cover required		√		√		√
- Comprehensive		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
- Third party, fire, theft		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
- Third party only		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Indicate the level of excess required	√		√		√	
The standard excess is £500.	<input type="checkbox"/>	£250	<input type="checkbox"/>	£250	<input type="checkbox"/>	£250
<i>Note that in some instances additional or higher excesses or co-insurance may be imposed.</i>	<input type="checkbox"/>	£500 Standard	<input type="checkbox"/>	£500 Standard	<input type="checkbox"/>	£500 Standard
	<input type="checkbox"/>	£750	<input type="checkbox"/>	£750	<input type="checkbox"/>	£750
	<input type="checkbox"/>	£1,000	<input type="checkbox"/>	£1,000	<input type="checkbox"/>	£1,000
	<input type="checkbox"/>	£1,500	<input type="checkbox"/>	£1,500	<input type="checkbox"/>	£1,500
	<input type="checkbox"/>	£2,000	<input type="checkbox"/>	£2,000	<input type="checkbox"/>	£2,000

Continue to Optional covers and Declaration >>

OPTIONAL COVERS

Agreed value for classic vehicles

Depending on the type of vehicle, we may provide cover on an agreed value rather than a market value basis. For full cover details and limitations, see page 19 of the policy.

Registration number	Agreed value amount required
	£
	£
	£

Finance gap cover

This optional extension provides cover for the net balance still owing to the finance company after a total loss claim has been settled but no more than the gap limit of indemnity you have opted for below. The outstanding balance excludes any arrears and debts, credit insurance rebate, re-financing cost, deposit paid, part exchange allowance, warranty charge, vehicle tax, insurance premium and policy excesses. Cover is only available if you have owned your vehicle for under 30 days. For full cover details and limitations, see page 19 and 20 of the policy.

Do you require cover? Yes No If YES, provide the details requested below.

Registration	Original invoice price including deposit	Gap limit required £5,000 / £10,000 / £15,000	Agreement term (months)	Finance company
	£	£		
	£	£		
	£	£		

DECLARATION – PLEASE READ CAREFULLY THEN SIGN AND DATE

Policyholder's declaration

- 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.

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

Policyholder's signature	<input type="text"/>	Full name	<input type="text"/>
	<input type="text"/>	Date	<input type="text"/>
	<input type="text"/>		<input type="text"/>

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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