



# TAXI PROPOSAL FORM

Proposer(s)

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Company or trading name if different

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Policy or cover note number

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Inception date

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Broker or agent

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**Tradex Insurance Company Limited**  
Victory House, 7 Selsdon Way, London E14 9GL.  
**T:** 0333 313 3030  
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**Email:** [sales@tradex.com](mailto:sales@tradex.com)  
[www.tradex.com](http://www.tradex.com)

# TRADEX TAXI

## SINGLE VEHICLE PROPOSAL FORM

- Designed for the self employed, sole traders, partnerships and companies
  - Suitable for a single black cab, private hire or public service vehicle including a minibus with up to 16 passenger seats or a chauffeur's own vehicle
  - Allows for contracts for the transport of passengers including school children, hospital patients, celebrities and foreign delegates
  - Taxi business public liability cover is included with the option to add employers liability
  - Comprehensive cover includes
    - windscreen, accessories, in-vehicle equipment, signwriting, lock replacement, fare money and driver's personal effects
    - taxi driver's personal accident for named drivers only
    - roadside assistance
- Cover can be extended to include driving other taxis, vehicles and customers' cars, full road rescue including in Europe and finance gap cover
- Legal expenses cover is optional for all policyholders
  - Annual policies or short period policies available

# COMPLETING THIS FORM

This form is purposely inquisitive as we want to know as much as possible about you and, where applicable, your business. The more we know about a proposer the better the terms and premiums we quote. In some instances we may ask you to complete supplementary questionnaires for certain types of vehicles, occupations and optional covers.

Guide to answering questions: **REQ** Must be completed **POS** Complete if cover required **OPT** Optional covers available.

Please complete this proposal 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 the additional information sheet, photocopying it if necessary.

Commencement date  Current Tradex policy no., if any

Policies are usually issued for 12 months, shorter periods may be agreed on request.

## **REQ** PROPOSER'S DETAILS

Name of proposer(s)

Company/trading name(s) if different

Business address

Postcode

How long have you been in business?

Sole trader/self employed  Partnership

Limited company

Company registration number, if applicable

Are you registered for VAT? Yes  No

If YES, give your VAT registration number

Describe your taxi business including local authority and other contracts e.g. hospital, school, celebrities, foreign delegates and any other part time occupations

Radio circuit details, if applicable

Is this also your home address? Yes  No

Is this the registered address of your business? Yes  No

How long have you occupied this address?

Type of property e.g. business premises, house, flat and whether owned, shared, leased or rented

Telephone

Email

Mobile

**You are REQUIRED BY LAW to have Employers Liability insurance if you have any employees whether part time, self employed or casual. If cover is required, please complete an Employers Liability questionnaire.**

If you have been trading for under a year, provide details of your employment for the last 5 years. Continue on page 12, Additional information if necessary.

From	To	Name of employer	Job description

List the names and home addresses of you and your business partners and directors and indicate their involvement in the business

Name	Address	Postcode	Full time	Part time	Investor only

If you or any partner or director has been known by any other names, provide full details on page 12, Additional Information.

## REQ THE DRIVERS

If any driver listed below will be using the taxi, PHV or PSV for any purpose other than for the described business or additional occupation uses given and, if permitted by the policy, for social domestic and pleasure use, that use must be declared below and shown on the certificate of motor insurance and policy schedule.

For additional drivers, please request the appropriate supplementary form from your broker, agent or download it from [www.tradex.com](http://www.tradex.com) and complete accordingly.

You must provide a copy of each driver's licence and badge. If we do not receive these within 30 days of cover inception we may, at our option, cancel the policy.

	Proposer		Driver 2		Driver 3	
Full name	-					
Age and date of birth						
Relationship to proposer	-					
Home address and postcode if not already provided above	Postcode <input type="text"/>		Postcode <input type="text"/>		Postcode <input type="text"/>	
Marital status						
Nationality						
Years resident in the UK						
UK licence type(s) <input checked="" type="checkbox"/>	Full car <input type="checkbox"/>	Provisional <input type="checkbox"/>	Full car <input type="checkbox"/>	Provisional <input type="checkbox"/>	Full car <input type="checkbox"/>	Provisional <input type="checkbox"/>
	PSV <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	PSV <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	PSV <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
	HGV C <input type="checkbox"/>	HGV C+E <input type="checkbox"/>	HGV C <input type="checkbox"/>	HGV C+E <input type="checkbox"/>	HGV C <input type="checkbox"/>	HGV C+E <input type="checkbox"/>
	Other <input type="text"/>		Other <input type="text"/>		Other <input type="text"/>	
Years UK licence(s) held						
UK Licence number(s)						
Years experience in the taxi trade						
Give details of non hire and reward occupations or vehicle uses including social and commuting. If none, write 'NONE' <i>Not all uses can be covered so a separate policy may be required</i>						
Estimated annual mileage	Hire & reward <input type="text"/>	<input type="text"/>	Hire & reward <input type="text"/>	<input type="text"/>	Hire & reward <input type="text"/>	<input type="text"/>
	Social <input type="text"/>	<input type="text"/>	Social <input type="text"/>	<input type="text"/>	Social <input type="text"/>	<input type="text"/>
	Other <input type="text"/>	<input type="text"/>	Other <input type="text"/>	<input type="text"/>	Other <input type="text"/>	<input type="text"/>
If specific shift patterns and/or jobs are worked, tick all that apply	Mornings <input type="checkbox"/>	Day <input type="checkbox"/>	Mornings <input type="checkbox"/>	Day <input type="checkbox"/>	Mornings <input type="checkbox"/>	Day <input type="checkbox"/>
	Early eve. <input type="checkbox"/>	Nights <input type="checkbox"/>	Early eve. <input type="checkbox"/>	Nights <input type="checkbox"/>	Early eve. <input type="checkbox"/>	Nights <input type="checkbox"/>
	Airports <input type="checkbox"/>	Account <input type="checkbox"/>	Airports <input type="checkbox"/>	Account <input type="checkbox"/>	Airports <input type="checkbox"/>	Account <input type="checkbox"/>
	Contracts <input type="checkbox"/>		Contracts <input type="checkbox"/>		Contracts <input type="checkbox"/>	
If DSA test passed, give date and level	Date <input type="text"/>	<input type="text"/>	Date <input type="text"/>	<input type="text"/>	Date <input type="text"/>	<input type="text"/>
	Level <input type="text"/>	<input type="text"/>	Level <input type="text"/>	<input type="text"/>	Level <input type="text"/>	<input type="text"/>

Continued	Proposer	Driver 2	Driver 3
Does the driver hold a Level 2 NVQ Certificate in Road Passenger Vehicle Driving (Taxi and Private Hire)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date obtained	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date obtained	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date obtained
Describe the driver's geographical area of operation e.g. city, rural			
Licensing authority			
Date granted			
Badge/permit number			

## REQ YOUR TAXI, PHV OR PSV

**IMPORTANT:** Cover for windscreen, accessories, in-vehicle equipment, signwriting, lock replacement, fare money and driver's personal effects are included only if you are comprehensively insured.

If there are additional taxis or other vehicles you would like to insure, please request the appropriate supplementary form from your broker, agent or download it from [www.tradex.com](http://www.tradex.com) and complete accordingly.

Please provide the following details

	Taxi	
Level of cover required <input checked="" type="checkbox"/>	Comprehensive <input type="checkbox"/>	Third Party Fire and Theft <input type="checkbox"/> Third Party only <input type="checkbox"/>
Registration number		
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 the vehicle an import not usually available in the United Kingdom and/or a left hand drive?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the vehicle has been modified in any way from the manufacturer's standard specification, give full details		
Is the vehicle fitted with - an alarm, immobiliser or tracking device?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
- a 'black box', cameras, CCTV and/or telematics?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, give full details alongside, continuing on page 12, Additional Information, if necessary		
What type of signwriting does the vehicle 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	£	
Is the vehicle <input checked="" type="checkbox"/>	Owned outright? <input type="checkbox"/>	Under a hire purchase agreement or financed? <input type="checkbox"/>
	Leased or under a contract hire agreement? <input type="checkbox"/>	

Continued	Taxi	
Where kept overnight or when not in use?	<input checked="" type="checkbox"/>	Postcode
Road	<input type="checkbox"/>	
Own driveway	<input type="checkbox"/>	
Own garage	<input type="checkbox"/>	
Car park /compound	<input type="checkbox"/>	
Multi-storey car park	<input type="checkbox"/>	
Business address	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
If other, provide details in the box		
No claim bonus	Years <input type="text"/>	Protected? Yes <input type="checkbox"/> No <input type="checkbox"/>
Registered keeper's name		
Owner's name if different		
Who owns the taxi plate?		
Date obtained		
Licence/plate number		

*You must provide proof of your no claims bonus from your insurer NOT your broker or agent to confirm your entitlement. We will accept proof of no claims bonus for policies which were cancelled within the last six months. If we do not receive proof of no claims bonus within 30 days of cover incepting, we will charge an additional premium and may, at our option, cancel the policy.*

In total, how many vehicles do you own?

What types, makes and models are they? Include all cars, vans, mopeds, motorcycles, horseboxes, motorised caravans, quad bikes and agricultural vehicles.

*If you would like a quotation to include cover for any of these and/or their drivers, such as family members who are not already insured, please request a supplementary form from your broker, agent or download one from [www.tradex.com](http://www.tradex.com).*

The policy provides a Third Party property damage limit of indemnity of £2,000,000.

Would you like a quotation to increase this limit    Yes     No     If YES, £5,000,000     £10,000,000

## POS EXCESS

*The policy has a standard excess of £500 for accidental damage, fire and theft. In some instances, higher excesses (for example for young and inexperienced drivers) and/or a co-insurance percentage may be imposed. You may, on request increase or decrease the standard excess.*

For an additional premium, would you like to reduce the standard excess to £250?    Yes     No

**OR**  
For a premium discount, would you be prepared to increase the standard excess? So that you can make an informed decision, we will provide quotations for different levels of excess on request.

Increased excess levels    £750     £1,000     £1,500     £2,000     £2,500

## REQ CONVICTIONS, PENDING PROSECUTIONS, OFFENCES AND DISQUALIFICATIONS

Have you or anyone who will be insured by this policy

- been convicted of ANY **motoring offence** (other than parking), sustained a fixed penalty which has resulted in the driving licence being endorsed or have a prosecution or enquiry pending? Yes  No
- in the last 5 years, received ANY police cautions, antisocial behaviour orders, been convicted of or charged with but not yet tried for ANY **non-motor offences** or are any police enquiries pending whether in the United Kingdom or elsewhere? Yes  No
- had a taxi, PHV or PSV licence / badge / permit revoked or been disciplined? Yes  No

If YES, provide FULL details below including all dates and, for motor offences, the offence code(s), the fine amount(s) and length of any ban (not restricted to the United Kingdom), continuing on page 12, Additional Information if necessary.

Full name	Details

## REQ BANKRUPTCY, INSOLVENCY AND COUNTY COURT JUDGMENTS

In the last 10 years have you, any partner or director of the business or driver to be insured

- had County Court Judgments issued against them in England and Wales and/or orders or judgments for debt in other jurisdictions, set up an Individual Voluntary Arrangement (IVA), been disqualified from acting as a company director for any period of time or been declared bankrupt or insolvent? Yes  No
- been a director of a company that has gone into liquidation, receivership, been the subject of an administration order, or which has been dissolved? Yes  No

If YES, give full details including dates, individual, company and trading names, continuing on page 12, Additional Information if necessary. You may also be required to complete a separate questionnaire.

Full name	Details

## REQ DISABILITIES AND MEDICAL HISTORY

Do you or any other person to be insured to drive have any of the conditions or disabilities below

- |   |  |  |  |
|---|--|--|--|
| An uncorrected defect in vision or hearing? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Any physical or mental infirmity including loss of or restricted limb movement?                | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Heart disease, diabetes or epilepsy?        | Yes <input type="checkbox"/> No <input type="checkbox"/> | Any chronic condition requiring notification to the DVLA, DVA (NI) or the licensing authority? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If YES to any, give full details below continuing on page 12, Additional Information if necessary.

Name	Disability or condition	Date of diagnosis	Restricted licence <input checked="" type="checkbox"/>

## REQ CLAIMS RECORD

Give full details of ALL claims or incidents (including malicious damage) in the last 5 years involving the proposer(s) and any driver to be insured regardless of blame and whether insured or not. If NONE, tick NONE or provide full details below continuing on page 12, Additional Information if necessary.

NONE

	Driver	Driver	Driver
Name			
Date of incident			
Vehicle make and model			
Incident details including any injuries sustained			
Was the no claim bonus affected?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Third party costs, if known	£	£	£
Own damage costs	£	£	£
Were these recovered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

In the last 5 years, have you or any of the drivers named above been involved in a claim for compensation following a motor accident? If YES, give full details and state whether that person was a driver or a passenger.

Yes  No

## REQ CURRENT OR PREVIOUS INSURER

Name of current/previous insurer	Policy number	Expiry date	Type of policy

## REQ INSURANCE HISTORY

Have you or any other person to be insured by this policy		If YES give full details below continuing on page12, Additional Information if necessary
Been refused insurance or renewal of a policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Had a policy cancelled due to non payment of premium or for any other reason?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Had a policy avoided?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Been asked to agree to special terms or premium?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Had a claim repudiated or refused?	Yes <input type="checkbox"/> No <input type="checkbox"/>	



## OPT DRIVING OTHER VEHICLES – OPTIONAL COVERS

The insured drivers are NOT INSURED to drive any vehicles not insured by this policy whether for business or social, domestic and pleasure purposes. These optional extensions will provide cover for the insured drivers you name below to drive certain vehicles which must be insured by the owner, not regularly available to, owned by or hired to or being test driven or evaluated by the policyholder or the named driver. All the drivers must be listed under The Drivers on pages 2-3. See pages 11 -12 of the policy for full details of the cover available and the basis on which claims will be settled. All excesses, terms, conditions, exclusions and other policy limitations apply.

### Driving other Taxis, PHV'S and PSV'S

This optional extension will provide cover for the drivers named below to drive taxis, PHV's and PSV's not insured by this policy for business purposes for up to 7 days in the area in which you are licensed to operate. No cover is available for motorcycles, minibuses and coaches.

**Note:** Comprehensive cover is available only if ALL insured taxis, PHV's and PSV's are comprehensively insured.

Do you require cover? Yes  No  If YES, Third party only?  Comprehensive?

Drivers' names

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### Chauffeurs driving customer cars

This optional extension will provide cover for the drivers named below to drive customer cars whilst working as chauffeurs in the United Kingdom. The cars must not be available to the drivers for any other purpose or be owned by or hired to the policyholder or named drivers. No cover is available for taxis, PHV's, PSV's.

**Note:** Comprehensive cover is available only if ALL insured vehicles are comprehensively insured.

Do you require cover? Yes  No  If YES, Third party only?  Comprehensive?

If Comprehensive cover is required, what is the maximum indemnity limit i.e. the highest market value of the customers' cars driven? £

Drivers' names

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### Driving other vehicles for social, domestic and pleasure purposes

This optional extension will provide cover for the drivers named below to drive vehicles not insured by this policy but ONLY for social, domestic and pleasure use in the United Kingdom for up to 7 days. No cover is available for taxis, PHV's, PSV's, minibuses, coaches, quad bikes or any vehicle with a gross vehicle weight over 3.5 tonnes. Cover for motorcycles is only available if your own motorcycle is included in this policy.

**Note:** Comprehensive cover is available only if ALL insured vehicles are comprehensively insured.

Do you require cover? Yes  No  If YES, please provide details below

Driver's name	√ Third party	√ Comprehensive	√ Motorcycles
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> maximum cc <input style="width: 50px;" type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> maximum cc <input style="width: 50px;" type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> maximum cc <input style="width: 50px;" type="text"/>

A supplementary form for adding additional personal vehicles and/or their drivers, such as family members who are not already covered by your policy, is available from your broker, agent or to download from [www.tradex.com](http://www.tradex.com).

## OPT OPTIONAL EXTENSIONS

### 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 the comprehensively insured vehicle has been owned for under 180 days. For full cover details and limitations, see page 23 of the policy.

Do you require cover? Yes  No  If YES, provide the information requested on the next page.

### Financial gap cover - continued

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

### Total loss additional premium waiver

Where a total loss claim has been paid for your taxi, PHV or PSV, this optional extension will allow the remaining annual premium to be offset against the premium required for its replacement.

Do you require cover? Yes  No

### European and foreign use

If you require social, domestic and pleasure use cover for an insured personal vehicle whilst abroad, please request and complete the appropriate form which is available from your broker, agent or to download from [www.tradex.com](http://www.tradex.com). Cover is not available for taxis, PHV's and PSV's.

## OPT LEGAL EXPENSES

This part of the policy provides optional legal expenses cover for uninsured loss recovery, injury, motoring prosecutions, motor contract disputes and the loss of your taxi licence. See Part B – Legal expenses on pages 25 - 29 of the policy for full details of the cover provided as well as the specific and general limitations, terms, conditions, exclusions and excesses which apply.

Do you require cover? Yes  No

If YES, and you currently have or have previously had legal expenses cover, have you made any claims in the last 5 years for

Uninsured loss recovery? Yes  No

Injury arising from an incident involving a motor vehicle? Yes  No

Motoring prosecution defence? Yes  No

Disputes arising from a motor vehicle contract Yes  No

If YES, give full details below continuing on page 12, Additional Information if necessary.

Date	Details including outcome	Approximate legal costs
		£
		£
		£

## POS ROAD RESCUE

This part of the policy automatically provides Roadside Assistance in the United Kingdom for all comprehensively insured vehicles. For full cover details as well as the number of permitted breakdowns in a period of insurance, see Part C – Road rescue on pages 30 - 35 of the policy.

Do you want to extend cover to include

National recovery and homestart? Yes  No  European road rescue? Yes  No

## POS TAXI DRIVER'S PERSONAL ACCIDENT

Cover is available for named drivers aged between 25 and 75 whilst driving, getting into or out of your comprehensively insured taxi, PHV or PSV in the area in which they are licensed to operate. There is no cover for motorcycles, mopeds and quad bikes or for loading and unloading. For full cover details see Part D – Taxi driver's personal accident on pages 40 – 41 of the policy.

Do you require cover? Yes  No

## **REQ** IMPORTANT INFORMATION – Please read before signing the declaration

We strongly recommend that you keep a record of all information given to us and your broker or agent, including details of telephone calls, copies of all letters, emails, this proposal form and any supplementary questionnaires you have completed. You may request a copy of this proposal form for 3 months after you signed it. The policy is available to download on [www.tradex.com](http://www.tradex.com). If you require your documentation in an alternative format such as large print, please contact us, your broker or agent. Your signing the declaration at the end of this form signifies your consent to the information being used in the ways outlined below.

To ensure we maintain a high quality of service, we may monitor and record telephone calls.

It is a requirement of this insurance that you are able to provide sufficient information to substantiate any claim you make. Failure to do so may delay or prejudice your claim.

### **Risk management conditions**

For your policy to operate fully you MUST, at all times comply with the terms, limitations and conditions which will form part of your policy. The policy wording is available to view on [www.tradex.com](http://www.tradex.com). We strongly recommend that you read the specific and general conditions as well as the exclusions to ensure that you can comply with all our requirements. Please note that, in some instances, other more specific terms, limitations, conditions and exclusions may be imposed.

### **Data protection – information uses**

For the purposes of the Data Protection Act 1998 and any subsequent or amending legislation, Tradex Insurance Company Limited (Tradex) is the Data Controller for any personal data you supply. You may, with limited exceptions and on payment of an appropriate fee, access and if necessary have corrected the information held about you. Should you wish to have such access, please write to

**The Compliance Officer, Tradex Insurance Company Limited, Victory House, 7 Selsdon Way, London E14 9GL.**

We will, on request, supply details of the databases, registers and agencies to which we contribute or access. More information about data protection can be found on the Information Commissioner's Office website on [www.ico.org.uk](http://www.ico.org.uk).

### **Sensitive data**

Tradex as well as other participating insurers, agents and suppliers may need to collect data which the Data Protection Act defines as "sensitive" such as criminal convictions or medical history in order to assess this proposal, your renewal, make changes to your policy and/or to administer claims.

### **Motor Insurance Database**

It is a legal requirement that details and registrations of the vehicles you own are added to the Motor Insurance Database (MID) which is managed by the Motor Insurers' Bureau (MIB). MID data may be used by certain statutory and/or authorised bodies including the police, the DVLA, the DVA, the Insurance Fraud Bureau, for electronic vehicle licensing, Continuous Insurance Enforcement, preventing and detecting crime, reducing the incidence of uninsured driving and for the provision of government and other services.

Other insurers and the Motor Insurers' Bureau may search the MID to ascertain relevant policy information if you have been involved in a road accident whether in the United Kingdom or abroad. Additionally, anyone with a valid claim following a road traffic accident, including citizens of other countries, may also obtain relevant information which is held on the MID. For more information contact us or visit the Motor Insurance Database section of the MIB website on [www.mib.org.uk](http://www.mib.org.uk).

### **Employers' Liability Register**

Financial Conduct Authority regulations require us to publish details of all Employers Liability policies we enter into, renew or under which a claim is made. You are required to provide us with your Employer Reference Number (ERN) and, if a company, your registered address, to enable us to do so. Tradex is a member of the Employers' Liability Tracing Office and details of all policies are available on the tracing office's website at [www.elto.org.uk](http://www.elto.org.uk).

### **Administration, management information and regulatory compliance**

The information you supply may be used for insurance administration, management information including portfolio assessment, risk assessment, performance and management reporting, debt collection, offering renewal, research and statistical analysis by Tradex, its associated companies and agents and by other participating insurers and suppliers, disclosed to regulatory bodies for monitoring and/or enforcing the insurers' compliance with any regulatory rules and codes of conduct, shared with other insurers either directly or via those acting for them such as loss adjusters, surveyors and investigators and shared with and checked against various databases, credit reference agencies, fraud prevention agencies and public bodies including the police. We may, in addition, contact you by text or email regarding claims, payment defaults and policy administration.

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## Fraud detection and prevention

Tradex, other participating insurers and/or their agents and suppliers may, in order to detect and prevent fraud

- request information from and pass claims information to the Claims and Underwriting Exchange (CUE) managed by Insurance Database Services Limited (IDSL) and the Motor Insurance Anti Fraud and Theft Register (MIAFTR) run by the Association of British Insurers (ABI).
- check your identity to prevent money laundering unless you have provided us with satisfactory proof of identity.
- undertake checks against publicly available information such as the electoral roll, County Court Judgments in England and Wales and/or orders or judgments for debt in other jurisdictions, Individual Voluntary Arrangements and bankruptcy orders.
- validate your claims history or that of any insured person or property involved in the policy or a claim.

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## Motor Insurance Database disclosure

You are required to comply with the regulations relating to the Motor Insurance Database (MID). It is therefore your responsibility to ensure that the MID is kept fully up to date. This means that you have to advise us of every registered vehicle in your possession. If a registration number is not shown correctly on your policy documents or you cannot find your vehicle on the MID at [www.askmid.com](http://www.askmid.com), you must contact us immediately. If you do not, your vehicle may be clamped, seized or destroyed and other penalties imposed including points on your driving licence.

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## Cancellations and refunds

If you are not happy with the policy when you receive it, you have a “cooling off period” of 14 days in which to cancel. Any refund given will be subject to the payment of the premium for the period that cover has been in force provided that, if a claim has been made or an incident which may give rise to a claim has occurred, the full annual premium remains payable and no refund will be allowed. A policy charge of £35 plus IPT will also be levied.

If you decide to cancel the policy after the “cooling off period” and there has not been a claim or an incident which may give rise to a claim, premium refunds will be made as outlined below. If your policy is a short term one, i.e. the insurance period is under 12 months, you will not be eligible for a refund.

### Part A – Motor

We will refund a pro-rata portion of the premium less 25%. A policy charge of £35 plus IPT will be levied. No refund will be made until you have returned your certificate(s) of motor insurance to us.

### Parts B – Legal expenses, C – Road rescue and D – Taxi driver’s personal accident

No premium will be refunded.

Where you pay your premium by a deferred payment scheme of any kind, FAILURE TO PAY an instalment will result in the cancellation of the policy from the date of the default and NOT the date we notify you.

If we cancel the policy, you may be entitled to a pro-rata refund of premium provided there has not been a claim and no incidents have occurred which may give rise to a claim.

### NOTE:

*Full cancellation conditions and procedures are detailed in the policy which is available to view on [www.tradex.com](http://www.tradex.com).*

*It is a legal requirement that, if for any reason the policy is cancelled, you must return all cover notes and certificates of motor insurance. The premium will remain payable until such time as these are received by Tradex.*

*You may cancel the policy by sending Tradex a formal notice by email to [policy.cancellation@tradex.com](mailto:policy.cancellation@tradex.com) to confirm the date and time your cover ceased. Alternatively you may print a copy of your certificate of motor insurance on which you confirm the date and time that cover ceased and post a signed copy to*

***Policy Cancellations, Underwriting Department, Tradex Insurance Company Limited, Victory House, 7 Selsdon Way, London E14 9GL.***

*If the certificate of motor insurance has been lost or destroyed, you must provide a declaration by email or a statutory declaration to that effect. Where we cancel the policy and you have not, within seven days of receiving our letter, returned these documents in one of the ways outlined above, you will have committed an offence under the Road Traffic Act. The appropriate authorities will be notified and proceedings may be commenced against you, the costs of which you may be liable to pay.*

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## Financial Services Compensation Scheme

Tradex Insurance Company Limited is covered by the Financial Services Compensation Scheme (FSCS) which protects you in the unlikely event that the insurer is financially unable to pay claims made against it. For cover required by the Road Traffic Acts or any other form of compulsory insurance, you would be covered in full for any claim. For all non compulsory insurances, the FSCS will meet a maximum of 90% of any claim for compensation. In both cases, there is no upper limit. Full details are available on the FSCS website [www.fscs.org.uk](http://www.fscs.org.uk) or by writing to

**The Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London EC3A 7QU**

## REQ PROVIDING ESSENTIAL INFORMATION – MUST BE COMPLETED

We rely on the information in this proposal form and supplementary questionnaires when we decide what cover to provide, how much you will pay and what excesses will be imposed. It is therefore of the greatest importance that all the information given to us is accurate, complete and that you, the vehicle owners and all the drivers to be insured have not withheld, falsified or misrepresented any essential information. Essential information is defined in the policy as "All information and any particular circumstances which would influence us in our decision to provide or restrict cover and to set the level of premium and excess(es)". This includes disclosing all claims, relevant incidents, any convictions, licence endorsements and any disciplinary action taken. If you are in doubt as to what you should tell us about, you should discuss it with your broker or agent and/or disclose it as failure to do so may invalidate your policy, result in it not operating fully, claims payments being refused or reduced, your premium being revised or retained, the extent of cover, the terms, conditions, exclusions and/or policy excess(es) being revised.

It is an offence to deliberately make false statements and to withhold or misrepresent information.

**Is there any essential information or are there any particular circumstances not covered by the questions in this proposal form which you consider should be disclosed to us?**

Yes  No

If YES, please provide full details on page 12, Additional Information.

Please remember to include all information which you consider improves your risk and which could result in a lower premium being charged.

## REQ DECLARATION – PLEASE READ CAREFULLY THEN SIGN AND DATE

- I/we declare that the information given and the statements made in this proposal form and any supplementary questionnaires are, to the best of my/our knowledge and belief, true and complete and that I/we understand the implications of "Important information" and "Motor Insurance Database disclosure" on pages 10 and 11. I/we accept that this proposal and any supplementary questionnaires I/we have completed will form part of the contract between me/us and Tradex and that I/we will pay the premium when called upon to do so.
- I/we have read "Providing essential information" above and have provided an answer to the question posed. I/we have not suppressed, misrepresented or failed to disclose any information which would be likely to influence the assessment or acceptance of this proposal. I/we understand any such suppression, misrepresentation or failure may lead to Tradex refusing to pay a claim or reducing the amount paid, cancelling or avoiding the policy and retaining any premium paid.
- I/we understand that any quotation already given may change when Tradex receives and assesses the completed proposal form and any supplementary questionnaire. Tradex has the right to impose special terms or decline this proposal.
- I/we understand that if Tradex does not receive proof of no claim bonus within 30 days of cover incepting, they will charge an additional premium and may, at their option, cancel the policy. I/we understand that if Tradex do not receive a copy of each driver's licence(s) and badge within 30 days of cover incepting, the policy may be cancelled or the driver removed.
- I/we understand that if I/we report an incident more than 14 days after an occurrence involving a vehicle and for which Tradex receives a claim for compensation from a third party, the policy may be cancelled. Tradex may hold any refund of premium against payments they are obliged to make because of their Road Traffic Acts liabilities and also recover any other amounts they become liable to pay due to late notification. In addition, my/our claim for damage to the vehicle may be prejudiced and I/we may forfeit any accrued no claims bonus.
- I/we understand that Tradex may, at any time from my/our completing this proposal and any subsequent documentation to the time the policy is cancelled or lapsed, request information from and pass information to the Claims and Underwriting Exchange (CUE) which is managed by Insurance Database Services Limited (IDSL) and the Motor Insurance Anti Fraud and Theft Register (MIAFTR) run by the Association of British Insurers. I/we understand that any information received will be made available to other insurers and/or the police. I/we understand that this will include the validation of my/our claims history as well as that of any person likely to be involved in this policy or a claim.
- I/we understand that my/our information may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing compliance with any regulatory rules or codes. I/we consent to Tradex checking other databases including, but not limited to, information held by credit agencies.
- I/we understand that the signing of this proposal form and declaration does not bind me/us to complete the insurance and that cover will not be in force until this proposal has been accepted and confirmation of cover is in my/our possession. I/we agree to accept the terms, conditions, exclusions and limitations of the policy.

For your own benefit and protection you should read "Important information" and "Providing essential information" carefully before signing below. 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 proposer, please give the full name of the person who has done so and the relationship to the proposer e.g. broker, agent, spouse, employee.

**OPT** ADDITIONAL INFORMATION

*If there is insufficient space elsewhere in this form, use the space below, continuing on an additional page if necessary. Please remember to include any information which may improve your risk and result in a lower premium being charged.*

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