

Proposal for Fleet Insurance

Policy No _____

All questions must be answered fully. Please use BLOCK LETTERS

It is essential that you disclose accurately all facts which could influence the acceptance of this proposal, or the terms to be applied. If in doubt whether a fact is material, it should be disclosed. Failure to do so could invalidate the policy. You are advised to keep a record of all information supplied to the Company for the purpose of this insurance. A copy of proposal form sent to the Company will be supplied on request. This request should be made within 3 months of completion of the proposal form.

Name of Proposer (in full) _____

Date of Birth Date _____ Month _____ Year _____

Postal Address (in full)	
Postcode	
Telephone Number Daytime/Work	Home

Occupation(s) All must be stated

Cover What cover is required? Comprehensive Voluntary Accidental Damage Excess £50 £100
Third Party Fire & Theft Third Party Only

Is the driving to be restricted to:

One named person over the age of 25 years? Yes No **Name** _____

Period of insurance From _____ To noon on _____

Previous Insurance

Do you have or have you previously held a commercial vehicle insurance policy?

Yes No

If YES, please complete

Name of Insurer _____ Policy No _____ Renewal Date _____

Number of Years Free of Claims _____ Please provide proof (e.g. Renewal Notice)

Ownership

Are all the vehicles to be insured Registered in the name of the Proposer?

Yes No

If No, please state the registered owner(s) & relationship _____

Particulars of vehicles to be insured (please continue on separate sheet if necessary)

Private Cars:

Year of Make	Make of Vehicle	Exact Model	Engine Size	Estimate Value	Type of Body	Registration Number

Have the vehicle(s) been converted, modified or adapted in any way (e.g) engine performance, body styling handling or been kit or custom built)? (If YES give full details)

Yes No

Use of Vehicle(s)

Will the vehicle(s) be used for:

- i) social domestic and pleasure purposes Yes No
- ii) commuting Yes No
- iii) use by the Policyholder and the policyholder's spouse in person in connection with his/her business or profession Yes No
- iv) business use for the Policyholder's employer or partner Yes No
- v) commercial travelling Yes No
- vi) carriage of passengers for hire and reward Yes No

Address where vehicle(s) are kept if different from above _____

_____ Postcode _____

Are the vehicle(s) regularly kept at night in a locked garage?
(If No, where are they kept.)

Yes No

Drivers

1. Please give the following information in respect of **ALL** persons (including You, the Proposer) who, to your knowledge, will or may drive any of the vehicles proposed for this insurance.

Mr/ Mrs/	Full Name	Date of Birth	Licence Type	Month & Year Obtained	Occupation / Registration Number of main use vehicle

Miss/ Ms					

Commercial Vehicles:

Year of Make	Make & Model of Vehicle	Type of Body	Carrying Capacity/GVW	Value ♣	Registration Number

♣ Articulated vehicles – include tractor unit and highest valued semi-trailer

Use of Vehicle All 'Yes' or 'No' answers tick in box as appropriate and if 'Yes' please give further details	Will any vehicle or trailer carry goods of an explosive, Inflammable or dangerous nature? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Will passengers be carried for hire or reward? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Will goods be carried for hire or reward? Yes <input type="checkbox"/> No <input type="checkbox"/>

Warning The policy and certificate will be prepared in accordance with the answers to the foregoing questions

Will the vehicle(s) be secured overnight in a locked compound or building? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Trailers

State details of trailer(s) and cover required (e.g. Comprehensive, Third Party Fire & Theft or Third Party Only)

Make of Trailer	Description	Value	Serial No.	Cover Required

Drivers – (If you answer YES to any question then please give full details below or on the following page)

- Have you or has any driver:
 - any physical disability or disease, loss of limb or eye, defective vision or hearing
 Yes No _____
 - been refused insurance or had special conditions imposed?
 Yes No _____
 - had any accident or loss in the last four years?
 Yes No _____
- Do all persons who will drive hold the appropriate licence?
 Yes No
 Do you check all licences regularly?
 Yes No
- Have you or has any driver:
 - been convicted of or been issued with a fixed penalty

ticket for, any driving offence (other than for a parking offence)? Yes No _____

If 'YES' please indicate the conviction(s) and the Number of penalty points.

b) any prosecution pending or any fixed penalty ticket in dispute? Yes No _____

4. Have you checked your answers to questions 2) and 3a) above, by examining your employees' driving licences? Yes No _____

5. Are any of the drivers less than 25 years old? Yes No _____

Declaration

We are fully committed to the concept of mutuality believing that this is the best way of providing sustainable value for money to our customers.

As a mutual we have no shareholders and do not therefore pay dividends. As a result we have one of the lowest expense ratios in the insurance industry. We are committed to ensuring that the combined benefits of our mutuality and a low expense ratio are passed on to our General Insurance customers via keen prices, wide cover and good service and our Financial Services customers through low charges, quality investment returns and personalised service.

In order that current and future generations of customers continue to enjoy the benefits of mutuality all new policies issued by NFU Mutual contain a windfall assignment clause. Effectively this means that in the unlikely event of demutualisation any windfall payment arising from the policy you are taking out would be paid to NFU Mutual Charitable Trust rather than the policyholder.

I/We the undersigned, declare that to the best of my/our knowledge and belief the information given in this proposal and declaration, which I/we have read over and checked, is true and complete. I am/we are willing to accept the terms and conditions of NFU Mutual's policy, and I/we undertake to pay the premium when called upon to do so.

In consideration of NFU Mutual accepting my proposal:-

1. I/we undertake and agree with NFU Mutual and the NFU Mutual Charitable Trust ("the Trust") to assign, pay or transfer to the trustees of the Trust all and any rights to which I/we may become entitled at any time by reason or in respect of my/our membership of NFU Mutual by reference to the policy proposed for, on, or in connection with, any transfer of part or all of NFU Mutual's business to any other person, firm or company or any change in the corporate status of NFU Mutual or any distribution out of the funds of NFU Mutual other than
 - a) the declaration of any customary annual, reversionary or terminal bonus attaching to a policy of life, annuity or capital redemption assurance or
 - b) any other benefit which the Board of NFU Mutual determines shall not be subject to my/our agreement to assign, pay or transfer;
2. I/we undertake to execute and deliver any transfer, deed and/or other documents together with any certificates of title or valuable consideration received by me/us as NFU Mutual or the Trust shall require in compliance with my/our undertaking and agreement set out above; and
3. I/we hereby irrevocably severally appoint NFU Mutual and the Trust and any officer of NFU Mutual or the Trust to act as my/our agent to execute on my/our behalf any assignment, transfer form, receipt or other document as may be required in order to effect the above assignment, payment or transfer and I/we hereby authorise and approve each and every act or thing which may be done or effected by NFU Mutual, the Trust or any officer of NFU Mutual or the Trust, as the case may be, in exercise of any of its or his powers and/or authorities given by me/us hereunder.

Signature of proposer _____ Date _____

IMPORTANT NOTICE

No liability is undertaken by the Company in connection with this proposal until cover has been issued with its authority. The cover detailed is for a standard risk only and may vary in individual circumstances. The Company reserves the right to refuse acceptance of any proposal for insurance.

Insurers pass information to the Claims and Underwriting Exchange Register, run by the Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check the information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search these registers. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an accident, we will pass information relating to it to the registers. Your insurance cover details will be added to the Motor Insurance Database, run by the Motor Insurers' Information Centre (MIIC). This has been set up to help identify uninsured drivers, and may be searched by the Police to help confirm who is insured to drive. If there is an accident, the Database may be used by insurers, MIIC and the Motor Insurers' Bureau to identify relevant policy information. You can ask for more information about this. You should show this notice to anyone insured to drive the vehicle covered under this policy.

ADDITIONAL INFORMATION – ANSWERS TO QUESTIONS