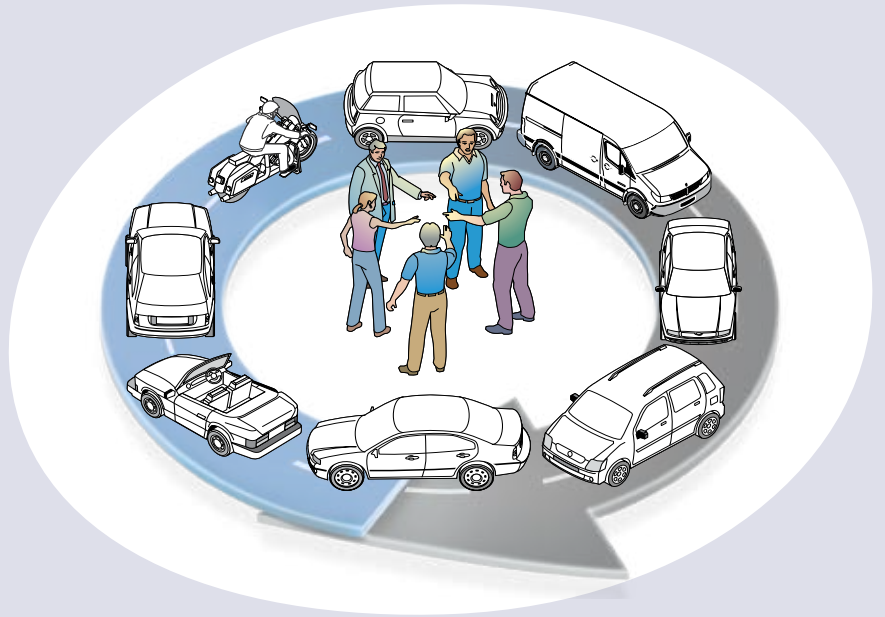


FamilyFleet



Motor Insurance Proposal Form

Proposer's Name	
Branch	
Reference No. (if applicable)	

IMPORTANT

As we wish to process your proposal as quickly as possible, please ensure all questions are fully answered and all required documents are attached.

1 Details of the Proposer

Title (Mr/Mrs/Miss/Other)	Forenames	Surname
Home Address		
Post Code		
How long have you lived at this address?	Years	Type of property (eg: house/flat)
Telephone No's	Home	Work
Email Address	Mobile	
Full description of your business or profession.		
If 'retired' give your previous occupation or profession.		
If you are the proprietor of a business or professional practice please give details below, especially if any of the vehicles to be insured are registered in the business name, or you wish to use any vehicle in connection with that business or profession.		
Nature of business	Name of business	
Address		
Postcode		
Are you or the business registered for VAT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you recover the VAT element of any motor claim?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (If yes, you will be entitled to a 2 ½% discount from your premium).
Bankruptcy/Insolvency/County Court Judgment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you or any proposed named driver had a CCJ registered against you which you were unable to satisfy, or ever been declared bankrupt or insolvent or been a director of a company that went into liquidation, receivership or been the subject of an administration order?		
If YES, please give details, including date(s) and name(s) of Limited Company(s) and trading name(s) in additional information box on page 5.		

2 Cover - Please tick box for cover required

Policy Cover	Comprehensive <input type="checkbox"/>	Third Party Fire & Theft <input type="checkbox"/>	Third Party Only <input type="checkbox"/>
Indemnity limit	any one vehicle	£ <input type="text"/>	(usually the maximum value of any one vehicle)
	any one location	£ <input type="text"/>	(usually the sum total of all vehicles kept at one address)
	Third Party Bodily injury damage is unlimited in amount		
	Third Party Property damage (ie damage to other people's cars etc.) is £10 million any one loss		
	Windscreen Unlimited (if you use an approved repairer) £75 excess. Nil excess if repaired and not replaced by our approved repairer.		
Personal effects, luggage, handbags, etc.	£500 indemnity.	Do you wish an increased indemnity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(Remember this should already be covered by your contents insurance)	£100 excess.	If yes, state limit	£1,000 <input type="checkbox"/> £2,000 <input type="checkbox"/>
Audio/Satellite Navigation	up to 10% of vehicle value.	Is a higher limit required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fixed telephones	£100 excess.	If yes, state limit £	<input type="text"/>
Luggage racks, trailers, bike carriers	These are covered against Third Party only whilst attached to your vehicle.		
	To cover these items on a comprehensive basis, list below those items to be covered and their value.		
	Accessory/Make	<input type="text"/>	value £ <input type="text"/>
	These will be covered whilst securely attached to your vehicle and whilst at home detached and stored in a secured garage or building. £100 excess.		
Emergency expenses/overnight accommodation	£250 per person. £1000 any one accident. £100 excess.		
Personal Accident	Named drivers aged 25-70 only. Death/Permanent total disablement/Loss of eye(s) £25,000		
Overseas	60 Days per year. You must give prior notice for certain countries where cover may be restricted to Third Party only. Refer to Clegg Gifford office if in doubt.		
Breakdown (Europe Assistance)	Roadside assistance and, if necessary, transportation to nearest competent garage is included with all specified vehicles. For an additional premium you can include:-		
	Recovery back to home address or to final destination in UK / Northern Ireland	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Homestart	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	European travel	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	For Channel Islands and Isle of Man policies the standard cover is for UK breakdown, but additionally you can include Europe or Homestart and Island breakdown		

Vehicle details

	Vehicle 1	Vehicle 2	Vehicle 3
Make			
Model			
Year of Manufacture			
Engine Size cc			
Registration No.			
Registered Keeper			
No. of Seats			
Purchase Date			
Purchase Price	£	£	£
Present Value	£	£	£
Annual mileage			
Immobiliser <i>(Please specify make)</i>			
Tracking Device <i>(Please specify make)</i>			
Where is vehicle parked overnight*			
Detail modifications made to vehicle from manufacturer's standard specification			
Indicate if vehicle is left hand drive			
Name of registered owner if not proposer			
	Vehicle 4	Vehicle 5	Vehicle 6
Make			
Model			
Year of Manufacture			
Engine Size cc			
Registration No.			
Registered Keeper			
No. of Seats			
Purchase Date			
Purchase Price	£	£	£
Present Value	£	£	£
Annual mileage			
Immobiliser <i>(Please specify make)</i>			
Tracking Device <i>(Please specify make)</i>			
Where is vehicle parked overnight*			
Detail modifications made to vehicle from manufacturer's standard specification			
Indicate if vehicle is left hand drive			
Name of registered owner if not proposer			

* Please select garage, driveway, roadway, enclosed private car park locked at night, public carpark, multi-storey carpark. If other please state.

The Drivers

	Proposer		Additional Driver 1		Additional Driver 2		Additional Driver 3	
Surname								
First name(s)								
Age/DoB	Age	DoB	Age	DoB	Age	DoB	Age	DoB
Relationship to proposer/ spouse/cohabitee/family/ employee/colleague	N/A							
Full-time occupation/ Part-time occupation	N/A							
Address if different to proposers <i>(Full postcode is essential)</i>	N/A							
Type of licence	Full / Prov /HGV/ PSV		Full / Prov /HGV/ PSV		Full / Prov /HGV/ PSV		Full / Prov /HGV/ PSV	
Years held	Years held <input type="text"/>		Years held <input type="text"/>		Years held <input type="text"/>		Years held <input type="text"/>	
No. of years bonus earned in own right								
Have you been refused motor insurance, or been asked to agree to special terms & conditions?								
Claims history in past 5 years <i>(date and brief details of incident, costs and injuries)</i>								
Conviction(s)/Prosecution(s) pending/Date of offences/ amount of fine, suspension or sentence								

Use

	Proposer	Additional Driver 1	Additional Driver 2	Additional Driver 3
Social Domestic and Pleasure use only <i>(excluding commuting)</i>				
Travel to/from a permanent place of work				
For my own business or profession				
For use on my employer's business				

Driving other cars

"DOC", as it is commonly known, allows you, or a named driver, to drive another car not owned by 'you', but loaned to you, for a specific journey or reason. It is not intended for your regular use. The vehicle must additionally be registered and taxed by the owner (loaning you the vehicle), insured by him and registered under the 'Motor Insurers Database'. The idea of 'DOC' is to cater for emergencies or infrequent use. You cannot drive a vehicle under this extension that is owned by you or a named driver.

	Proposer	Additional Driver 1	Additional Driver 2	Additional Driver 3
Do you require this extension?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cover is readily available on a Third Party only basis. Is this sufficient?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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 comprehensive cover is required, give reasons for request and detail likely vehicles to be driven, value and frequency of driving.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Driving other Motorcycles

Provided motorcycles are disclosed as part of the Family Fleet™ vehicle collection you may extend the policy to include driving other motorcycles as well.

	Proposer	Additional Driver 1	Additional Driver 2	Additional Driver 3
The cover is for TP only	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Up to a specified cc limit	<input type="text"/> cc	<input type="text"/> cc	<input type="text"/> cc	<input type="text"/> cc

Additional information that you think may be of assistance to us in assessing your risks and charging you the correct premiums

Please ensure that you:

- Have given all details correctly and signed the declaration on page 6.
- Attach a photocopy of all the drivers' driving licences now. This saves time if making a claim later.
- Attach details of bonus proof for each driver or vehicle.

Important facts : your consumer rights and your obligations

You must provide all material information likely to influence the acceptance and assessment of this insurance. If you are unsure whether or not the information is material you should disclose it anyway. Failure to do so may invalidate your insurance or result in your policy not operating fully. It is an offence to deliberately make false statements or to withhold information in order to obtain a Certificate of Motor Insurance.

We pass information to the 'Claims and Underwriting Exchange Register', run by 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 check 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 incidents in the past (such as an accident or theft) which may have given rise to a claim. When you tell us about an incident, we will pass on information relating to it to the Registers.

Your cover details, registration and make of your vehicle will be added to the Motor Insurance Database, run by the Motor Insurance Information Centre (MIIC). This is now a legal requirement in the UK and has been set up to help confirm who is insured to drive. The Database is used by insurers, MIIC, Police and the Motor Insurers Bureau to identify policy information. Any person who may drive on your behalf is equally obligated by this notice and you are deemed to have advised them accordingly. Therefore you are advised to keep a copy of this form and show it to anyone insured to drive the vehicle under the policy. We will on request supply a copy of this form. For our and your protection telephone calls may be recorded and monitored when telephoning the Tradex office's.

Where payment of the premium is via a deferred payment scheme arranged by Tradex or some other Third Party Provider, FAILURE TO PAY any instalments will result in the cancellation of the policy from the date of default – and NOT the date we notify you, but the premium will still be payable until such time as the insurance certificate is received at Tradex.

Refunds / Cancellation (Short Period Charges)

Subject to us receiving the insurance certificate, should you wish to cancel the policy once cover has commenced, our standard cancellation charges will apply provided there have been no claims. They are:

Annual Policies not exceeding	1 month	2 months	3 months	4 months	5 months	6 months	7 months
Refund % on annual policies	75	62.5	50	37.5	25	12.5	0

Declaration – Important: it is essential that you read, sign and date the declaration below

I/we declare that to the best of my/our knowledge and belief the statements made in this proposal are correct and that I/we now invite Tradex Insurance Company Limited to arrange insurance on my/our behalf and accept that this proposal will be the basis of a contract between myself/ourselves and Tradex. I/we accept that the information on this form, or any subsequent documentation, may be supplied to any insurance industry database to allow this information to be made available to other insurers.

I/we understand that any quotation given prior to the completion of this may change due to the information supplied and agree to accept the terms, conditions and limitations of the policy to which this proposal applies.

I/we understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the proposal may result in Tradex refusing to provide indemnity or voiding the policy.

I/we agree to keep permanently-owned vehicle's records up to date as required by the EU 4th Directive/Motor Insurers Database. Failure to do so may result in the cancellation of my policy and prosecution.

I/we agree to secure all vehicles when left unattended and not leave ignition keys in or around unsecured vehicles or unlocked premises.

Proposer's signature

Print full name of person signing

Date

If this form has been completed by anyone other than the person signing, please give the name of the person who has completed the form and their relationship to the proposer – ie Spouse, Agent, Broker, Employee