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## Proposal for Commercial Vehicle Insurance

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):**

Mr/Mrs/Miss/Ms \_\_\_\_\_  
or Company Name \_\_\_\_\_

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  A £50 Accidental Damage Excess will normally apply unless you have accepted a higher Excess as indicated: £100  £250  £500

Third Party Fire & Theft

Third Party Only

Is the driving to be restricted to:

One named driver\*

Two named drivers\*

Any Authorised Driver over 25

*\*Discount applies only where the driving is restricted to one or two named driver(s) aged at least 25 years and in possession of a Full Driving Licence.*

Period of insurance From \_\_\_\_\_ To noon on \_\_\_\_\_

Do you have or have you previously held a motor insurance policy? Yes  No   
(If **YES**, please give details below)

Name of Insurer \_\_\_\_\_ Policy No \_\_\_\_\_ Renewal Date \_\_\_\_\_

Number of Years Free of Claims \_\_\_\_\_ Please provide proof.

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## Particulars of vehicles to be insured and use of vehicle

Make of Vehicle	Exact Model	No. of Seats	Body Type	Year of Make	Gross Vehicle Weight	Estimate Value	Registration Number	Table of Use Required

Table of Use	Permitted Use	Excluding
Table 1	Use for social, domestic and pleasure purposes and in connection with the Insured's business. (excluding use for hire or reward).	Use for hire or reward.
Table 2	Use for social, domestic and pleasure purposes and in connection with the Insured's business, including the carriage of the property of any other party within a 100 mile radius of base, but any other use for hire or reward, is excluded)	Use for hire or reward <u>outside</u> a radius of 100 miles from the vehicle's depot.
Table 3	Use for social, domestic and pleasure purposes and in connection with the Insured's business, including the carriage of the property of any other party for reward.	Any other use for hire or reward.
Table 4	Use for social, domestic and pleasure purposes and in connection with the Insured's business, including the carriage of passengers or the property of any other party for reward.	a) Use for hire or reward other than private hire, which shall mean the letting of the vehicle supplied to the hirer, direct from the Insured's premises, or garage. b) Use for commercial travelling by the Insured.

**The policy will not be operative if an accident occurs when any vehicle is being used other than in accordance with the Table of Use applicable.**

Are the vehicle(s) registered in the name of the Proposer? Yes  No   
(If 'NO' give full details of registered owner)

Has any vehicle been converted, modified or adapted in any way (e.g engine performance, body styling handling or been kit or custom built)? (If 'YES', a Modified Vehicle Report Form is required) Yes  No

Has any audio equipment valued at more than £500 been fitted to the vehicle (other than manufacturer's standard equipment)? (If 'YES' give full details) Yes  No

Will the vehicle be used for carriage of goods for hire and reward (If 'YES' give full details) Yes  No

Will the vehicle be used for carriage of passengers for hire and reward (If 'YES' give full details) Yes  No

Will any vehicle or trailer carry goods of an explosive, inflammable or dangerous nature? (If 'YES' give full details) Yes  No

### Vehicle Location

Are the vehicle(s) normally kept at the above address Yes  No   
If 'NO', please give address and post code of where the vehicle is kept:

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Are the vehicle(s) secured overnight in a locked compound or building? Yes  No   
(if 'NO', please give details of where they are kept)

\_\_\_\_\_

## Drivers

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

Mr/ Mrs/ Miss/ Ms	Full Name	Date of Birth	Licence Type (eg. Full or Prov.)	Month & Year Obtained	Occupation
----	Proposer	-- -- --			-----

2. Have you or has any driver:

a) any disease, physical or mental disability, loss of limb or eye, defective vision or hearing?

Yes  No

If so, has the disability been declared to the appropriate Licensing Authority?

Yes  No

b) been refused insurance or had special conditions imposed?

Yes  No

c) had any accident or loss involving a motor vehicle in the past four years?

Yes  No

If 'YES' please indicate the: Name of driver:

Date of incident (month/year):

Type of incident (accident/theft):

Amount of claim:

Was the driver judged to be at fault:

3. Do all persons who will drive hold the appropriate licence?

Yes  No

4. Have you or has any driver:

a) incurred any driving convictions or fixed penalties in the past ten years (other than parking offences)? (You should also disclose any pending prosecution)

Yes  No

b) Incurred any other criminal conviction

Yes  No

If 'YES' to either a or b, a conviction form is required.

5. Have you examined your employees' driving licences? Yes  No

## 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
				Comp/TPFT/TPo
				Comp/TPFT/TPo

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## Declaration

I/We the undersigned, hereby 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 correct and that I/we have not withheld any information material to the application. I/we agree to accept and conform to the terms and conditions of NFU Mutual's policy when issued.

## Our Commitment to Mutuality

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.

**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 (except for the period stated on our official Cover Note) is undertaken until the application is accepted by ourselves and the premium paid. We reserve the right to ask for special terms or decline this application.

All material facts must be disclosed. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an insurer in the assessment and acceptance of the application.

In order to assess the terms of the insurance contract or administer claims which arise, we will need to collect data which the Data Protection Act defines as sensitive such as medical history or criminal convictions. By proceeding with this contract you will signify your consent to such information being processed by the insurer or its agents.

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. By proceeding with this contract you will signify your consent to such information being processed by the insurer or its agents.

You can ask for more information about this.

You should show this notice to anyone insured to drive the vehicle covered under this policy.