

FLEET INSURANCE



Please complete all details in block capitals. (All questions must be answered in full. N/A and dashes are not acceptable).

Where you see YES NO delete as applicable.

Agency number Policy number

1 Proposer Full Name: Mr/Mrs/Miss (or Trading Name)

Business Address

Post Code VAT Status

Business Tel VAT reg no.

Nature of Business/Trade E-mail

2 Vehicle

How many vehicles are proposed for this insurance?

Cars Commercial Vehicles Other

Please complete the schedule of vehicles below ONLY if cover is required for 6 vehicles or less.

	Vehicle make	Exact model (state type GL/SRI etc)	Cubic capacity	Year of make	Type of body and seating capacity	Date of purchase	Price paid	Registration no.	Present value
1									
2									
3									
4									
5									
6									

For fleet business where the number of vehicles exceed 6, please supply a separate schedule of all vehicles/trailers/plant and special types to be covered under this proposal.

(a) Are you the actual owner of the vehicles? If no, give details. YES NO

(b) Are the vehicles registered in your name? If no, give details. YES NO

3 Trailers

Do you require cover for trailers? YES NO

(a) If yes please state the number of trailers owned, hired, leased or lent to you.

(b) If cover is required for unspecified trailers, state their total value.

4 Use

- (a) Are passengers carried for Hire or Reward?

YES	NO
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- (b) Are goods to be carried for Hire or Reward?

YES	NO
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- (c) Will goods of an inflammable, corrosive, explosive or dangerous nature be carried?

YES	NO
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- (d) Will any vehicle be used 'Airside' or in close proximity to any aircraft?

YES	NO
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- (e) Will any vehicle be used outside the United Kingdom for business purpose?

YES	NO
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- (f) Will any vehicle be used by a person under 25 years of age?

YES	NO
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If the answer to any of these questions is yes, please provide details on a separate sheet.

5 Time and date cover required from : / / for months

DATA PROTECTION ACT – MUST BE READ

The information describing your insurance cover will be added to the Motor Insurance Database (MID), run by the Motor Insurers Information Centre (MIIC). MID data may be used by the DVLA and DVLNI for the purpose of Electronic Vehicle Licensing. The Police may use the MID to find out whether a driver's use of a vehicle is covered by a motor insurance policy and for preventing and detecting crime. If you are involved in an accident (in the UK or abroad), other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to get relevant information. People with a valid claim relating to a road traffic accident (including people who live in other countries) may also get relevant information from the MID. You can find out more about this at www.miic.org.uk

You must tell us about any incident (e.g. accident, fire or theft) whether or not a claim is likely to result. When you tell us about such an incident, information relating to it will be passed to the registers which we and others have in place which allow us to detect fraudulent applications and claims. We may search these databases when you apply for insurance, at renewal or in the event of an incident or claim. If you give us false or inaccurate information and/or make or attempt to make a fraudulent claim, this information will be recorded on the registers. All telephone calls relating to applications and claims may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes. We and other organisations may also use and search these agencies and databases to help make decisions about the provision and administration of insurance and credit related services for you and members of your household. Also, to trace debtors, recover debt, prevent fraud, manage your accounts and insurance policies, check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity and undertake credit searches and additional fraud searches.

The information you give us will be used by Highway Insurance Company Limited and we may share this information with other organisations to inform you by letter, telephone or e-mail of other products which may be of interest to you. If you do not wish to receive any marketing literature please write to our Customer Care Department.

If you would like more information about this notice, please write to the Customer Care Department, Highway Insurance, 171 Kings Road, Brentwood, Essex, CM14 4EJ. E-mail: customer-care@highway-insurance.co.uk. Subject to the provisions of the Data Protection Act 1998, you are entitled, on payment of a small fee, to receive a copy of the information we hold about you. For more information on the Data Protection Act you may also write to the Office of the Information Commissioner at Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF. Telephone: 0845 630 6060.

DECLARATION I/We declare that I/We have read the above questions and answers which have been completed accurately and fully by me/us or on my/our behalf with the information I/we have supplied. I/We confirm that I/we have read or had explained the Data Protection Notice which appears above and accept the terms contained in it. I/We confirm the Notice will be made known to any party related to the insurance. I/We undertake that the Vehicles described shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or has had insurance cover cancelled. I/We declare that the statements and particulars above are to the best of my/our knowledge and belief true, that the Vehicles described are my/our property and in roadworthy condition and that no information has been withheld by me/us that might influence Highway's acceptance and assessment of this Insurance (and failure to provide such information may result in any claim not being paid). I/We agree that this Proposal signed or caused to be signed by me/us shall form the basis of the contract between me/us and Highway Insurance and to accept the policy subject to the terms, conditions and exclusions it contains.

I/We also declare that:

1. The vehicles will NOT be driven by any person who to my/our knowledge
 - a. Suffers from any loss or loss of use of limb, eye, defective hearing or vision (not corrected by spectacles or hearing aid), a heart/diabetic/epileptic condition or from any other infirmity that should be disclosed to DVLA/DVLNI.
 - b. Has during the past 5 years been convicted of any of the following offences: manslaughter, causing death by dangerous or reckless driving, dangerous driving, driving whilst under the influence of drink or drugs, failing to stop after and/or report an accident to Police or any combination of offences that have resulted in suspension or disqualification from driving, unless such person(s) have been declared to Underwriters and has been granted permission to drive under this policy by Underwriters.
 - c. Has not held a full UK licence for at least 12 months unless such person(s) have been declared to Underwriters and has been granted permission to drive under this policy by Underwriters.
 - d. Has during the last 3 years made 2 or more claims where the cost of each claim has not been recovered from any other party, unless such person(s) have been declared to Underwriters and has been granted permission to drive under this policy by Underwriters.

Date / / Signature of Proposer
Print Name

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