

HAULAGE VEHICLE INSURANCE

Proposal Form
October 2016 Edition



Important Notice

To apply for the Haulage Vehicle Insurance Policy, complete this Proposal Form in BLOCK CAPITALS using a ball-point pen (blue or black ink). You must complete all parts of this Proposal Form in all cases. Insurance begins when AXA Insurance has accepted your application.

You must give full and true answers to all questions. If you do not do so your insurance cover may not protect you in the event of a claim. You should keep a record of all information supplied to AXA Insurance (including copies of correspondence).

The information you provide in this proposal form

This is a proposal for a contract of insurance between you and us and you have a duty to make a fair presentation of the risk to us in accordance with the law.

If you do not meet your duty to make a fair presentation of the risk to us then we may at our option take one or more of the following actions

- 1 Cancel your policy
- 2 Declare your policy void (treating your policy as if it had never existed)
- 3 Change the terms of your policy
- 4 Refuse to deal with all or part of any claim or reduce the amount of any claim payments

This is not an agreed value contract but any vehicle values you do declare must be an accurate assessment of the value at the time of completing this proposal. Failure to do so may effect your position in the event of a claim.

If the space provided is inadequate or you tick a shaded box please supply full details using the Additional Information Section.

A copy of this Proposal can be supplied on request, within a period of 3 months after its completion.

A copy of the Policy is available on request.

AXA Insurance UK plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Law Applicable to Contract

You and we can choose the law which applies to this Policy. We propose that the Law of England and Wales apply. Unless we and you agree otherwise, the Law of England and Wales will apply to this Policy.

PART A - Business & Cover Details

Section 1 - Proposer(s) & Business Details

1	Name(s) (in full)		
2	Trading Title		
3	Postal Address		
4	Postcode		
5	Telephone Number		
6	E-Mail Address		
7	Full Business description		
8	Type of goods carried		
9	Do you carry goods mainly for one single client/contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Are goods of an explosive, inflammable, corrosive or otherwise dangerous nature carried?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	If 'Yes', please give full details, including frequency carried, quantities and type of goods including, if known, UN Hazard Class Number and Transport Category		
12	Do you hold a valid Operators Licence for the proposed vehicle(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Business Postcode shown on Operators Licence (must be supplied)		
14	Have you ever had an Operators Licence suspended or cancelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- 15 Is annual cover required for use outside the UK? Yes No
- 16 Within the UK what is the usual range of use, from base?
 less than 100 miles?
 between 100–250 miles?
 more than 250 miles?
- 17 What is the total number of vehicles operated by the business?
- 18 Will any vehicles be used Airside at any airport or aerodrome? Yes No
- 19 Do you wish to pay the premium by instalments?
 If 'Yes' please complete a budget plan application Yes No

Section 2 – Period of Cover

1 Requested start date from to (DD/MM/YYYY)
 (if an annual cover is not required)

Section 3 – Vehicle and Trailer Details

Registration No.	Make/Type of Body	GVW/GTW	Year of Manufacture	Value*
1.				
2.				
3.				
4.				
5.				

* Note: For Articulated vehicles, value must represent the combined value of the vehicle tractor unit and attached trailer. If the proposer(s) own or operate more trailers than vehicle tractor units the value of the most expensive trailer(s) must be included. The maximum acceptable value for any combination of vehicle and trailer is £100,000.

Are all vehicles registered in the name(s) of the proposer(s)? Yes No

Is any vehicle modified or altered from the manufacturer's original specification? Yes No

If 'Yes', please give details

Give details of any security devices fitted

State the total number of trailers owned by or in the custody or control of the proposer(s) at any one time and for which cover is required (whilst attached to and detached from the towing vehicle)

Section 4 - Policy Cover Option

The standard Policy terms require you to make a contribution towards the cost of claims for loss or damage to your vehicle. You may however wish to make an additional contribution to the costs of such claims and receive a discount for doing so.

Do you wish to make an additional contribution to the cost of claims for loss or damage to your vehicle(s)? Yes No

If 'Yes', please tick the appropriate box: £250 £500 £750

Cover Required

Comprehensive

Third Party Fire & Theft

Section 5 – Driver(s) details

Tick the appropriate box and provide full details of all known drivers

Proposer (1 driver) ONLY

2 Named Drivers

Up to 4 Named Drivers

Any Driver 25 years and over

Full Name	Date of Birth	Occupation	Type of Licence	Date HGV Test Passed
1.				
2.				
3.				
4.				
5.				

A copy of the driving licence will be required for each driver

Section 6 – Driver History

Have you or any driver named in this proposal:

- a) in the last 3 years had any accident, claim or loss, regardless of blame, in connection with any motor vehicle? Yes No
- b) in the last 5 years been convicted of any motoring offence or had a fixed penalty imposed resulting in a licence endorsement? Yes No
- c) in the last 5 years received a notice of impending prosecution for any offence other than as outlined above? Yes No
- d) been disqualified from driving at any time? Yes No
- e) suffered from any physical or mental disability or infirmity, psychiatric illness or mental disorder, heart condition, epilepsy, diabetes, multiple sclerosis, Parkinson's disease, a stroke, brain surgery or tumour or a severe head injury, eye disorder or disease, continued misuse or dependency on alcohol, illicit drugs or chemical substances, or any other condition requiring current treatment involving the habitual use of drugs? Yes No

Note: All these conditions are DVLA notifiable.

If you have ticked 'Yes', in any box above, please give full details in the appropriate section, as indicated below:

(A) Accidents, Claims and Losses

Name	Date	Own Costs	Third Party Costs	What happened?	Was Driver at fault?

(B) Convictions, Impending Prosecutions & Disqualifications

Name	Conviction Date	Fine Amount	Endorsement Code	Length of ban?

(C) Disabilities & Other Mental Conditions

Name	Description

Have the DVLA been notified and issued a licence? Yes No

Section 7 – Insurance History

a) Have you or any driver named above ever had any vehicle insurance declined, withdrawn, cancelled or subjected to special conditions? Yes No

b) Are you at present insured or have you ever held insurance in respect of vehicles used for the carriage of goods? Yes No

If 'Yes', please give insurer's name

and expiry date

 (DD/MM/YYYY)

If claiming a No Claims Discount, state number of years entitlement

Note: Documentary evidence from the previous insurer is required.

PART B – General Information

Have you or any of your partners or directors ever been convicted of any criminal offence (or awaiting trial), other than as above? Yes No

PART C - Additional Information

PART D - Premium of Calculation

(for agents use only)

Important Note: Insurance Premium Tax (IPT) applies to premiums on all UK policies. The standard rate applicable at the present time will need to be applied to the premiums as the final step in any calculation.

Basic	£	<input type="text"/>	
Load for high value	£	<input type="text"/>	
Accidents/conviction load	£	<input type="text"/>	
Vehicle type load	£	<input type="text"/>	
Age of youngest driver	£	<input type="text"/>	
Age of vehicle	£	<input type="text"/>	
Driving restriction	£	<input type="text"/>	
Vehicle security	£	<input type="text"/>	(Comprehensive cover only)
Voluntary excess* (Limit if necessary)	£	<input type="text"/>	(Comprehensive cover only)
Annual Green Card	£	<input type="text"/>	
Annual Gross Premium	£	<input type="text"/>	
Less No Claims or Introductory discount	£	<input type="text"/>	
No Claims Discount Protection	£	<input type="text"/>	
Net Premium	£	<input type="text"/>	
Additional Trailers	£	<input type="text"/>	
Add Insurance Premium Tax	£	<input type="text"/>	
Total Premium Payable	£	<input type="text"/>	

* In addition to standard policy excesses. (£250 minimum)

PART E – Declaration

If you have not given full and true answers to all questions asked on this Proposal, your insurance may not protect you in the event of a claim. If you wish to disclose something that has not been disclosed elsewhere in this Proposal, please use the box provided here.

Fair presentation of risk

In order to comply with your duty of fair presentation of the risk you must provide us with any information that may influence us in the acceptance of this risk and the terms provided. If you are not sure if something is important or relevant you should tell us about it. Relevant information is something that could affect the terms of your policy or our decision to renew your policy.

Claims and Underwriting Exchange Register

Insurers 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 us to check information provided and also to prevent fraudulent claims. 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 incident we will pass information relating to it, to the register.

Your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers Information Centre (MIIC). This may be consulted by:

- a) the Police for the purposes of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime
- b) other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to ascertain relevant policy information if you have been involved in an accident in the UK or abroad
- c) the DVLA and DVLNI for the purposes of Electronic Vehicle Licensing
- d) persons pursuing a claim in respect of a motor traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID

You should show this notice to anyone insured to drive the vehicle(s) under this policy.

You can find out more about the Motor Insurance Database and its use by contacting AXA or at www.miic.org.uk.

Data Protection Act

AXA Insurance UK plc is a member of the AXA Group. To set up and administer your policy we will hold and use information including sensitive personal information (sensitive personal information may include such things as criminal convictions and health information) about you supplied by you. We may send it in confidence for processing to other companies in the AXA Group (or companies acting on our instructions) including those located outside the European Economic Area. By signing this form you consent to such use of your personal data including any sensitive personal data.

AXA Insurance UK plc may send you details of our other products and services.

To enable them to send you details of their products and services, we may also share your name and address with:

other AXA companies based within the European Economic Area.

other carefully selected companies outside the AXA Group.

You may be contacted in writing or by telephone or fax.

If you do not wish to receive such details please tick the appropriate box(es).

Before signing the Declaration, please read the notices on this page about the Claims and Underwriting Exchange Register and Data Protection Notice.

Declaration

Please read the Declaration carefully and then sign below. If there is more than one Proposer both should sign.

I/We declare that I/We have taken reasonable care to provide accurate and complete answers to all questions asked.

I/We understand that I/We must notify the agent or AXA as soon as reasonably possible if any of the information in this proposal form is inaccurate or incomplete.

I/We understand that if any of the information provided is inaccurate or incomplete then AXA may take one or more of the following actions:

- cancel the policy, and/or
- declare your policy void (treating your policy as if it had never existed), and/or
- change the terms of your policy, and/or
- refuse to deal with all or part of any claim or reduce the amount of any claim payments.

I/We consent to the seeking of information from other insurers to check the answers I/We have provided on this form.

I/We agree to you passing the information on this form, and about any incident I/We may give you details of, to IDS Ltd or its agents the ABI and Motor Insurance Database so that they can make such information available to other insurers.

I/We also understand that, in response to any searches you may make in connection with this application or any incident I/We have given details of, IDS Ltd or its agents and ABI may pass you information it has received from other insurers about other incidents involving anyone insured to drive the vehicle covered under the policy.

I/We agree that the particulars given in this proposal form are a fair presentation of the risk that we wish to insure and that if any answer has been written by any other person; such person shall be deemed to be my/our agent for that purpose.

I/We agree to accept the insurance policy provided by AXA Insurance UK plc.

Signature of Proposer(s)

Date

(DD/MM/YYYY)

This Proposal Form must be submitted to the Company within 7 days of inception. Failure to do so will result in cover being effective only from the date it is received and accepted by the Company. Incorrect or misleading information, such as inappropriate business description or trade type, or incorrect completion of the Proposal Form will render the cover ineffective.

No cover is in force until the Proposal Form has been accepted by AXA Insurance UK plc.

AXA is a world leader in wealth management and financial protection. We operate in over 50 countries and serve more than 50 million customers worldwide. We cater to a wide range of needs, providing advice and guidance to our individual and corporate customers on a variety of financial products and services. In addition to Business, Motor and Home Insurance we also offer Investments, Life Assurance, Retirement Planning, Long Term Care, Asset Management, Medical Insurance and Dental Payment Plans.

With our expertise and commitment to customer service and consistent quality care, you can rely on AXA for lasting security.

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BUSINESS, HOME AND MOTOR INSURANCE PRODUCTS**

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