

# TRUCK PROPOSAL FORM



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)   
 Date of Birth  /  /   
 What is your Operator Licence Number?

It is a legal requirement that the operator of all vehicles that carry goods or burden, in connection with any trade or business including vehicles used for own goods only, with a plated weight of more than 3.5 tonnes or if unplated have an unladen weight of more than 1525kg must hold an Operators Licence.

Address   
  
 Post Code  Marital Status  E-mail   
 Telephone Numbers Home  Work  Mobile   
 Occupation  Nature of Business   
 VAT Registered  YES  NO  VAT Reg No

**2 Vehicle**

A separate policy will be issued for each vehicle.

Vehicle make and type	Type of body	Gross veh. / train weight	Who is the main driver	Left hand drive		Year of make	Date of purchase	Registration	Present value
				YES	NO				
				YES	NO				
				YES	NO				
				YES	NO				
				YES	NO				
				YES	NO				

(a) Are there any cosmetic mechanical or engine alterations to the vehicle from Manufacturers original specification? If Yes, give details.  YES  NO

(b) Has the vehicle been fitted with any anti-theft device such as electronic alarm/immobiliser/tracking device? If Yes, give details.  YES  NO

(c) (i) Are you the registered owner of the vehicle?  YES  NO  
 (ii) Are you the registered keeper of the vehicle?  YES  NO

(d) Post Code of Operating Centre.

(e) How many vehicles are owned and or used by you?

(f) Is vehicle subject to Hire Purchase Agreement?  YES  NO

**3 Trailers**

(a) Please complete details of all trailers which you own. (Note that cover follows that of your towing vehicle)

Vehicle make and type	Serial number	Present value

NB: If detached cover is required such cover is restricted to premises owned or occupied by you or other contractors, provided such premises are declared, locked and secure. Trailers left for example in lay-bys, docks or car parks are NOT covered.

(b) Is any vehicle or trailer fitted with a hoist or crane?

YES	NO
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If Yes, advise maximum lifting capacity.

(c) Do you require cover on your trailer while detached from your tractor unit?

YES	NO
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(d) Do you hire or borrow trailers?

YES	NO
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(i) If Yes, do you require cover while detached from your vehicle but still in your custody or control?

YES	NO
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(ii) If Yes, state the maximum number of hired or borrowed trailers in your custody or control at any one time

(iii) and state the maximum value of any trailer, hired or borrowed, for which you wish cover.

(e) All trailers are kept at the following secure premises.

#### 4 Drivers

We will exclude drivers under 25 years of age, and drivers above this age who have held a full UK driving licence, applicable to the insured vehicle, for less than 12 months, unless such drivers have been disclosed to and agreed by us. Any driver who holds an EU licence that was issued outside the UK must also be disclosed to us. Give details of all persons likely to drive, INCLUDING YOURSELF.

Drivers' names	Occupation	Date of birth	Type of current HGV licence held	Date passed HGV test month/year	Length of permanent and continual residence in UK
Your details					

5 Have you or any person who to your knowledge will ever drive been convicted of any offence including any fixed penalty in connection with any motor vehicle or any criminal conviction? Is any prosecution or police enquiry pending or have you been stopped by the police in the last six months?

If Yes, give full details of offence codes, dates and penalties for motoring convictions or details of other offences (including fixed penalties).

YES	NO	<input type="text"/>
		<input type="text"/>

6 Do you or does any person who to your knowledge will ever drive, suffer from any loss or loss of use of limb, eye, defective hearing or vision (not corrected by spectacles or hearing aids), a heart/diabetic/epileptic condition or from any other infirmity? If Yes, give details.

YES	NO	<input type="text"/>
		<input type="text"/>

(a) Date of onset of disability  /  /

(b) Have you notified DVLA/DVLENI 

YES	NO
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(c) Have DVLA/DVLENI issued a restricted licence? If Yes, attach copy licence 

YES	NO
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7 Have there been any accidents, claims or losses (including fire and theft), irrespective of blame and whether a claim was made or not, during the last three years in connection with any motor vehicle (including motorcycles) owned or driven by you or any person who to your knowledge will drive? If Yes, give dates, circumstances and total costs (including Third Parties)

YES	NO	<input type="text"/>
		<input type="text"/>

**8** USE In addition to Social Domestic and Pleasure use will the vehicle be used for:

- (a) Carriage of own goods within a radius of 100 miles from Operating Centre.
- (b) Carriage of own goods unrestricted radius.
- (c) Carriage of goods for hire or reward within 100 mile radius of Operating Centre.
- (d) Carriage of goods for hire or reward unrestricted radius.

YES	NO
YES	NO
YES	NO
YES	NO

Is work on the continent undertaken? If Yes, state countries visited.

YES	NO	

**9** GOODS CARRIED

(a) What kind of goods will normally be carried?

(b) Will goods of an explosive, radioactive or dangerous nature be carried? If Yes, give details

YES	NO	

(c) Has any of the insured vehicle(s) a "Haz Pak" licence? If Yes, give details

YES	NO	

**10** Previous Insurance

Have you ever been insured in respect of a motor vehicle? If Yes, state insurer and policy number.

YES	NO	
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How many years no claims discount have you earned?

 Expiry Date  /  / 

Attach your proof of entitlement

YES	NO	

Is any other vehicle insured in your name?  
If Yes, give details

**11** Has any Company or Underwriter declined a proposal or cancelled or refused to renew a motor insurance or required an increased premium or revised terms in respect of any motor insurance proposed or effected by or for you or any other person who to your knowledge will drive?  
If Yes, give details.

YES	NO	
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**12** Time and date cover required

 :  /  / 

Indicate cover required (please tick)

Comprehensive  TPFT  TPO

Your Compulsory excess is £500. Do you want to increase your excess to £1,000? If Yes, please tick box

**13** We would draw your attention to the Declaration below and in particular the importance of disclosing all information which might influence our acceptance and assessment of the Insurance. Is there any further information not asked in any other questions which would be of importance to Underwriters? If Yes, give details.

YES	NO	
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**WARNING** When leaving your vehicle at any time ALWAYS close the doors, windows, sun roof and lock the vehicle removing the keys. Failure to do so may result in a claim for theft being refused. Don't make life easier for thieves, always remove the keys from your vehicle and lock it when you leave it, even temporarily. Not to do so may invalidate your cover so lock it or lose it!!!

## IMPORTANT INFORMATION

### Previous claims and incidents

You must tell us about any claim or incident (such as fire, water damage, theft or an accident) whether or not you claimed for them. When you tell us about a claim or incident we will pass information about it to various databases.

We may search these databases:

- When you apply for insurance
- If you have a claim
- At renewal

We will do this to validate your claims history or that of any other person or property likely to be involved in the insurance or claim.

### Fraud prevention and detection

We'll check your information against a range of registers and anti fraud databases for completeness and accuracy. We may also share your information with law enforcement agencies, other organisations and public bodies

If we find that false or inaccurate information has been given to us, or we suspect fraud, we'll take appropriate action. If fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

We and other organisations, including those from other countries, may also access and use this information to prevent fraud and money laundering, for example, when:

- checking details on applications for credit and credit related or other facilities
- managing credit and credit related accounts or facilities
- recovering debt
- checking details on proposals and claims for all types of insurance
- checking details of job applicants and employees

Please contact us at GFC, LV=, County Gates, Bournemouth, BH1 2NF if you want to receive details of the registers and fraud prevention agencies.

### Motor Insurance Database

We'll add details about your insurance policy to the Motor Insurance Database ('MID') which is managed by the Motor Insurers' Bureau ('MIB'). The MID and the data stored on it may be used by the Police, the DVLA, the DVANI, the Insurance Fraud Bureau and other bodies permitted by law for purposes not limited to but including:

- electronic licensing
- continuous insurance enforcement
- law enforcement (prevention, detection, apprehension and/or prosecution of offenders)
- the provision of government services and/or other services aimed at reducing uninsured driving.

If you're involved in a road traffic accident (either in the UK or abroad), insurers and/ or the MIB may search the MID to obtain relevant information.

Other persons (including their appointed representatives) pursuing a claim in respect of a road traffic accident (including foreign citizens) may also obtain relevant information held on the MID.

It's vital that the MID holds your correct registration number. If not you risk the Police seizing your vehicle. You can check that your correct registration number is shown on the MID at [www.askmid.com](http://www.askmid.com)

**DECLARATION** I declare that I have read the above questions and answers which have been completed accurately and fully by me or on my behalf with the information I have supplied. I confirm that I have read or had explained the Important Information and accept the terms contained in it. I confirm the Important Information will be made known to any party related to the insurance. I undertake that the Vehicle(s) 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 declare that the statements and particulars above are to the best of my knowledge and belief, true, that the Vehicle(s) described is my property and in roadworthy condition and that no information has been withheld by me 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 agree that this Proposal signed or caused to be signed by me shall form part of the contract between me and Highway Insurance.

Date

Signature of Proposer

Print Name

Position in Company