

Self Drive Hire Fax Back to 08702 201048

PROPOSAL FORM: SELF DRIVE HIRE INSURANCE

Please answer all questions completely. Where 'YES' or 'NO' answer is required, do NOT leave blank.

Name of Proposer	<input type="text"/>	Company Registration No (if any)	<input type="text"/>
Company/Trading Name (if different)	<input type="text"/>	State whether Sole Trader/Partnership/Private Limited Company/PLC	<input type="text"/>
Business address	<input type="text"/>	Business Tel No	<input type="text"/>
<input type="text"/>		Fax No	<input type="text"/>
<input type="text"/>		Email address	<input type="text"/>
<input type="text"/>		Mobile No	<input type="text"/>
<input type="text"/>	Post Code	<input type="text"/>	
Correspondence address	<input type="text"/>	Are you registered for VAT	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="text"/>		VAT No	<input type="text"/>
<input type="text"/>		Name and address of partners (if partnership)	<input type="text"/>
<input type="text"/>		<input type="text"/>	
<input type="text"/>	Post Code	<input type="text"/>	Post Code
<input type="text"/>		<input type="text"/>	

Have you or your partners ever been known by another name, if so, please state

YOUR BUSINESS

Is this your first venture into self drive hire YES NO

If NO, where was your previous experience obtained

How many staff including yourself do you employ

Who will be the person responsible for hiring vehicles out and checking hirers details

Name Age Experience

Is self drive hire to be your only occupation YES NO

If NO, please state your other occupation and all business activities in which you are involved

Estimated turnover from self drive hire for the next 12 months £

Number of vehicles you anticipate operating

Turnover for the previous 12 months

\$Number of hire vehicles operated for the previous 12 months

What is your average hire period days

Note: our standard policy restricts the hire period to 30 days.

CONVICTIONS, OFFENCES & PROSECUTIONS (show both motoring & non motoring offences)

Have you or any person who may drive in connection with the business ever been convicted or have a prosecution pending or enquiries pending for any offence If NONE,

state NONE

	Driver Name	Date of Offence	Conviction Code	Amount of Fine	Length of Sentence or Suspension
1					
2					
3					
4					
5					

Note: Spent convictions as defined in the 1974 Rehabilitation of Offenders Act (England and Wales) need not be disclosed. A conviction is NEVER spent if the sentence was over 30 months.

BANKRUPTCY / INSOLVENCY / COUNTY COURT JUDGMENT

Have you or any proposed named driver or your business partners, had a CCJ registered against you or, ever been declared bankrupt or insolvent or been a director of a company which went into liquidation, receivership or been the subject of an administration order

YES NO If YES, please give details below, including date(s) and name(s) of Limited Company(s) and trading name(s)

PREVIOUS MOTOR INSURANCE / NO CLAIMS BONUS

Previous Motor Insurers Policy Number Expiry Date

Indicate type of policy held Private Car Commercial Vehicle Motor Trade Self-Drive Hire

Have you or any other person proposing for this insurance:

If YES, give details

- 1) Been refused insurance YES NO
- 2) Been refused renewal of an insurance policy YES NO
- 3) Had a policy cancelled YES NO
- 4) Been asked to agree to special terms or premium YES NO
- 5) Had a claim repudiated / refused YES NO
- 6) Had a policy cancelled due to default of payment of premium YES NO

VEHICLES TO BE USED

Please list all vehicles owned by you - if not, show owner details and show cover required i.e. those motor vehicles registered, leased, hired or likely to be used by you or named drivers for business and / or personal use BUT NOT 'Passing Vehicles' such as:

Stock vehicles Those motor vehicles temporarily owned for the purpose of sale / resale and not to be used for Business, Social, or Domestic Pleasure use.

Customer vehicles Those motor vehicles in the custody or control of the business for repair, overhaul, upkeep, testing, alteration or cleaning, storage or resale and will not be used by you for social, domestic and pleasure.

Make	Model	cc	Year of Make	Registration Number	No. of seats	GVW	Cover Required*	Value
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

* Comprehensive, Third Party Fire and Theft or Third Party Only

COVER DETAILS

Third Party Limits

Third Party cover provides indemnity, unlimited in amount, in respect of bodily injury to other drivers, their passengers, members of the public and your passengers. It also provides indemnity for Third Party Property Damage (ie other vehicles or buildings and the consequential losses therefrom) up to a £2m* indemnity.

Do you require an increase on this Indemnity Limit for Third Party Property Damage YES NO If YES, select £5m £10m

*The Road Traffic Act requires that you insure for Third Party Property Damage for only £250,000 indemnity.

Business use by insured employees in connection with self drive hire business.

ADDITIONAL COVERS

Do you require social, domestic & pleasure use by yourself and your employees

YES NO

If YES, number of employees

For all Vehicles or Selected Vehicles

If Selected, please enter Registration No's

YOUR PREMISES

Do you hold a motor trade policy YES NO

If NO, do you require premises and movement of vehicles cover YES NO

Is cover required for vehicles not on hire and whilst parked at the trade premises YES NO

What type of premises do you operate from

Private house Shop Office Workshop Yard Forecourt Other

How long have you occupied these premises

Do you occupy the whole of the premises YES NO

If NO, please provide details of other occupants including their trade

What is the maximum vehicle capacity of the premises that you occupy

Will you always park the vehicles there when not out on hire YES NO

If NO, where will the vehicles be parked

Alarmed Premises Non alarmed Premises Locked Compound Compound without perimeter protection Home address

Where are the keys kept when vehicles not in use (full address)

Post Code

What precautions or protections will there be to prevent theft, vandalism or other losses from the premises

Do you allow customers to bring vehicles back outside of business operating times and park outside your premises YES NO

If YES, you must have a key safe into which keys can be placed.

Type of safe Installer How is it secured

PREVIOUS CLAIMS OR ACCIDENTS ON MOTOR VEHICLES

Please give details below of any claims or accidents (including malicious damage) in the last five years in respect of yourself, the business and any person who is requesting to be covered whether such accidents or claims were insured or not. If NONE, please state NONE

Date of Incident	Driver Name	Vehicle Make	Brief Description of Incident / Claims	Claim Costs £