

Fleet First Insurance



Proposal

Please note that you are under a duty to disclose all material facts likely to influence the acceptance and assessment of the risk. Failure to do so may prejudice the settlement of any claim or invalidate this insurance. If you are in any doubt as to whether any information is material, it should be disclosed. It is an offence under the Road Traffic Acts to make any false statement or withhold any material information to obtain a Certificate of Insurance

Use Block Capitals throughout. Tick boxes where appropriate. Use a separate sheet if answer space is insufficient.

Proposer

1. Full Name (including all subsidiary and associated companies)
2. Full Address
3. Business (give details of all business activities)
4. Length of time established (please insert number of years)
5. During the past 5 years has the business to which this proposal relates traded under any other name or title? If 'Yes', give details Yes No
6. Period for which Insurance is required From To

Vehicles, Trailers and Cover

7. i) Please state the total number of vehicles owned, hired, leased or lent to you to be insured?
ii) Please give details of any other vehicles owned or operated by you.
8. i) Do you require Insurance covering your Road Traffic Act liabilities arising from the use of trailers? Yes No
ii) Do you require Third Party Fire & Theft cover for trailers whilst attached to an insured vehicle? Yes No
iii) Do you require Comprehensive cover for trailers whilst attached to an insured vehicle? Yes No
If 'Yes', to any of the above.
a) state total number of trailers owned, hired, leased or lent to you
b) is cover required for specified trailers? (ie trailers with a value over €1300 or with an unladen weight over 1 tonne) Yes No
iv) Do you require RTA Liability Cover for trailers owned by you whilst they are detached in a public place? Yes No
If 'Yes', please give details under schedule of vehicles.
9. Do you ever have vehicles and/or trailers situated on the same premises where their total market value exceeds €325,000? If 'Yes', please give details

PLEASE COMPLETE IN FULL THE ATTACHED SCHEDULE IN RESPECT OF ALL VEHICLE AND TRAILERS.

Drivers

10. Is it your practice to examine the driving licence and make enquiries about the driving history of each person before they are permitted to drive for you > Yes No
11. Have you or any person who to your knowledge will drive a vehicle(s)
 - a) In the past 5 years been convicted of any offence in connection with a motor vehicle or is any such prosecution pending? Yes No
 - b) in the past 5 years been convicted of any offence concerning the condition of vehicles exceeding permitted hours of driving? Yes No
 - c) been disqualified from driving? Yes No
 - d) been convicted of any offence involving dishonesty of any kind, e.g. fraud, robbery, theft, arson or handling of stolen goods? Yes No
 - e) at any time suffered from any heart complaint, diabetes, epilepsy fits or any other physical or mental ailment? Yes No

If you have answered 'Yes' to any part of questions 10 or 11 please give full details below.

Use

12. Use of your cars for the business of the Policy Holder and for Social Domestic and Pleasure purposes is covered in all cases other than for the business purposes shown below. Please indicate if you require cover for:

- a) Commercial Travelling Yes No
- b) Carriage of Passengers for hire or reward Yes No
- c) Use in connection with the motor trade Yes No

13. Where Commercial Vehicles are to be insured are they to be used for:

- a) Carriage of goods of an inflammable, explosive, corrosive or toxic nature? Yes No
 - b) Carriage of own goods? Yes No
 - c) Carriage of other persons goods? Yes No
- If 'Yes', is carriage for one person only? Yes No

If 'Yes', please state name

14. Please state below the general nature of goods carried.

- 15. Are any vehicles used at high risk locations such as airfields, refineries etc? Yes No
 - 16. Are vehicles hire or leased to other persons? Yes No
 - 17. Are vehicles used outside the Republic of Ireland or Northern Ireland? Yes No
- If you answered 'Yes' to question 15, 16 or 17 please give full details below.

Your existing Insurer will usually provide the claims experience in the form required below.

18. Have you had a proposal declined, policy cancelled or renewal refused or had special conditions imposed by any motor insurers? Yes No

If 'Yes', please give details below.

19. Have there been any accidents or losses during the past 5 years in connection with vehicles owned or used by you? Yes No

Quotations are given subject to written confirmation from previous Insurer(s) of past claim experience with details of past cover(s), excess and numbers of vehicles insured. Please supply name(s) of present and past Insurer(s) and Policy numbers in the space below.

Declaration

Please check your proposal carefully before signing the declaration. This is especially important if the proposal is not completed in your own hand. Please initial any alterations.

I/We declare that the above answers are true to the best of my/our knowledge and belief and that the vehicles are in a sound and roadworthy condition and that all material factors affecting the assessment of the risk have been disclosed.

I/We agree that this proposal is for insurance in the standard terms and conditions of the Insurers policy and shall be the basis of the contract. If any answer has been written by any other person such person shall for that purpose be deemed to be my/our agent and not the agent of the Insurers.

Proposers Signature

Position in Company Date

Cover does not commence until the proposal has been accepted by the Insurers and cover confirmed

