

Commercial Motor Insurance

Proposal



For Goods Carrying Vehicles, Agricultural Vehicles & Special Type Vehicles

Before completing this proposal please note specifically that failure to disclose all material information i.e. information which is likely to influence the acceptance of the risk and the terms applied, could invalidate the 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 statements or withhold any material information to obtain a Certificate of Motor Insurance.

Use Block Capitals throughout. Tick boxes as appropriate. Use a separate sheet if answer space is insufficient. Please answer ALL questions.

The Proposer

Full Name

Address

Occupation Nature of Goods Carried

If more than one give details of each

Telephone Number Are you Self-employed? Yes No

Current Insurer Date Cover Required

Vehicle and Use

3. Vehicles/Trailer details - please study the Trailer section **below** before inserting details of any Trailers

Registration Number	Make and model of Vehicle/Trailer	Type of Body (eg tanker; tipper etc)	Gross Vehicle Weight*	Seating Capacity (Inc. Driver)	Year of make	Date purchased	Est. current value	Insert cover required Comp or TPF&T)	NCD yrs	%
							€			
							€			
							€			

* For articulated units and attached trailers show Gross Train Weight

4. Is the owner of the vehicle or registered keeper anyone other than yourself? (Hire Purchase signifies ownership) Yes No
5. Has (or will) any vehicle (or trailer) been (be) modified, specially built or fitted with special equipment? Yes No
6. Will any vehicle carry goods of an inflammable, corrosive, explosive or toxic nature? Yes No
7. Will a trailer be attached to the vehicle? Yes No
8. Will passengers be carried for hire or reward? Yes No
9. Will any vehicle be used for the carriage of other people's goods? Yes No
10. Will any vehicle be hired to other persons or firms? Yes No

If 'Yes' to any of questions 4 - 10 give full details

11. Will a trailer be attached to the Vehicle? Yes No

Do you require Road Traffic Act cover in respect of trailers used in a public place whilst

a) Coupled Yes No

a) Uncoupled Yes No

If 'Yes' to a) and/or b) please complete the following details:

Make	Identification No.	Model	Type	Gross Laden Weight	Value
					€
					€
					€
					€

12. (a) Number of motor vehicles currently owned or operated
 Private Car Other Vehicles

(b) Name(s) of present Insurer(s) and policy number(s)

(c) If you are entitled to No Claim Discount, attach original of Insurer's renewal notice.

13. Do you wish to increase your comprehensive cover to include:

(1) NCD protection for windscreen breakage - See Guide to Cover Yes No

(2) Personal Accident, Medical Expenses and Personal Effects Yes No

14. Date business established

Drivers

15. Give details of yourself and **ALL** others who may drive including details of Current Irish/UK Driving Licence(s)

Full Name	Occupation	Date of Birth	Class(es) of Licence	Full or Prov.	Licence No.	How long held
Yourselves →						

16. Have you or any Principal of the business or any person who may drive:

- (i) had during the past 4 years any accident, loss or claim (whether no claims discount was protected or not) in connection with any motor vehicle (including penalty points)? Yes No
- (ii) been convicted during the past 5 years of any offence in connection with any motor vehicle (including penalty points) and are there any possible prosecutions outstanding? Yes No
- (iii) ever been disqualified from holding a driving licence? Yes No
- (iv) ever been convicted of, or are there any prosecutions pending, for any other criminal offence? Yes No
- (v) ever had any Motor Insurance declined or cancelled, or had special terms imposed? Yes No
- (vi) suffered from diabetes, epilepsy, heart condition or any other condition, physical or mental disability, infirmity disease or are taking any medication which may impair your ability to drive? Yes No
- (vii) resided outside the Republic of Ireland or the United Kingdom during the past three years Yes No

If you have answered 'Yes' to any of the above, give details below. Include name of driver, date, circumstances of accident/loss and daily dosage and name of drugs where applicable. In respect of convictions please advise date of conviction, conviction details, penalty imposed and number of penalty points.

For Broker use only

Broker / Agency No:

Name and Address:

Premium Quoted:

Quote Ref:

Note: No Insurance is in force until a Certificate of Insurance has been delivered to the Proposer.

IMPORTANT NOTICE

We are pleased to provide you with the following information of which you should be aware before concluding a contract of insurance with us.
Law applicable to Contract

Under relevant European (The European Communities (Non-Life Insurance) Framework Regulations 1994 (The "Framework Regulations")) and Irish law the parties to a proposed contract of insurance (RSA Insurance Ireland Limited and you, the Proposer) are free to choose the law applicable to that contract. We propose that Irish law will apply to the contract.

The insurer with which your contract will be concluded is RSA Insurance Ireland Limited which is established in Ireland.

Customer Complaints Procedure

We are anxious to provide the highest quality of customer service at all times. We are eager therefore to learn about any aspect of our service or products not meeting customer expectations.

If you have a complaint in connection with company service, the details of your policy or treatment of a claim please contact your insurance broker or contact our Customer Service Manager, RSA Insurance Ireland Ltd, RSA House, Dundrum Town Centre, Sandyford Road, Dublin 16
Tel: 1890 290 100 Outside Ireland Tel: +353 1 290 1000

In the event of the issue not being resolved you may contact:

- The Insurance Information Service of the Irish Insurance Federation, 39 Molesworth St, Dublin 2 Tel: 01-676 1820
- Financial Services Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2 Tel: 1890 88 20 90 or 01-662 0899

Following the above procedures does not in any way affect your right to take legal action.

Declaration I/we declare that to the best of my/our knowledge and belief the statements made by me/us or on my/our behalf are true and complete, and I/we have not withheld any information material in this proposal. If this form has not been completed by me/us personally, I/we declare also that I/we have read the completed form and accept full responsibility for the answers. I/we understand that the vehicles to be insured will not be driven by any person who to my/our knowledge has been refused motor vehicle insurance or continuance thereof. I/we agree that this proposal and declaration shall be incorporated in the contract between me/us and RSA Insurance Ireland Limited and I/we agree to be bound by the terms of the policy.

Signature

Name (Position held in company)

Date

X

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RSA, RSA House, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16.
Telephone 1890 290 100. Facsimile (01) 290 1001

RSA Insurance Ireland Limited is registered in Ireland under number 148094
with registered office at RSA House, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16.
RSA Insurance Ireland Limited is regulated by the Financial Regulator.