

This gives only a brief summary of the cover provided and it does not give details of all the terms, conditions and exclusions.

A full policy wording is available on request. If you would like a specimen policy, please contact your broker or adviser.

## Third Party

This is the basic cover, protecting you for an unlimited amount against your legal liabilities for injury to other persons (including passengers). Damage to third party property is covered up to £20 million for cars and up to £5 million for most other types of vehicles.

We also pay the legal fees for representation at an inquest or in court following an accident incurred in defending a charge of manslaughter or causing death by reckless or dangerous driving.

## Third Party Fire and Theft

This provides Third Party cover PLUS cover for loss of or damage to vehicles caused by fire, theft or attempted theft.

## Comprehensive

This provides the wide protection selected by most fleet operators and includes all the features of Third Party Fire and Theft PLUS

- the cost of repairing vehicles (including accessories and spare parts) following loss or damage by collision or other accidental causes
- cover for all cars up to one year old which are lost by theft and not recovered or which are damaged to the extent that the cost of repairs will exceed 60% of the manufacturer's recommended retail price plus taxes. Under this benefit we will pay for the cost of purchasing a new replacement vehicle of

the same make and model. For vehicles other than Motor Cars the total payment will be limited to a maximum of £5,000 above the Insured Vehicle's market value immediately prior to such loss or damage.

- cover for damage to Windscreens.
- cover for loss or damage to Clothing and Personal Effects up to £100 any one occurrence.
- cover for Medical Expenses up to £250 for any one occupant.

## Emergency Treatment Fees

Fees as required by the Road Traffic Legislation are covered.

## Driving Abroad

Full policy cover is provided up to 60 days whilst vehicles are travelling in

- (1) any member country of the European Community
- (2) Norway, or Switzerland

Legally, vehicles bearing CI/UK registration plates can travel in any of the above countries without the need for a Green Card (but you should take your Certificate of Motor Insurance with you). We will, however, issue a Green Card should one be requested.

## Unauthorised Movement

This extension covers liability to third parties whilst a third party vehicle is moved by any person in the Policyholder's employ to facilitate the movement of an Insured Vehicle.

## Unauthorised Use

This provides an indemnity to the Policyholder whilst an Insured Vehicle is being driven by any person in the Policyholder's employ without consent.

## Contingency cover for Employees Vehicles

This covers the Policyholders liability to third parties whilst any person in the Policyholder's employ is using their own vehicle on

the Policyholder's business in the event that the Employee's insurance does not provide protection.

## Trailers

Trailers towed by cars automatically have the benefit of the same cover as applies to the towing car. Where cover is required for specified trailers and agricultural/forestry machines whilst attached to or detached from other types of insured vehicles, please give full

details on the attached Proposal Form and specify the cover required. If the unspecified trailer extension is selected the cover applying to the trailer will be that which applies to the towing vehicle.

## Accidental Damage Excess - Compulsory

The first amount of any claim for damage to the Insured Vehicle (other than by fire, lightning, explosion or theft) stated below is not covered whilst the vehicle is in the charge of any person who

- |    |                                                                                                                 |      |
|----|-----------------------------------------------------------------------------------------------------------------|------|
| a) | is under 21 years of age                                                                                        | £250 |
| b) | is under 25 but not under 21 years of age or has not held a full licence for the class of vehicle for 12 months | £150 |
- These apply in addition to any other excess

## Accidental Damage Excess - Voluntary

You may obtain a premium saving by agreeing to bear a specific amount of each claim for damage to the Insured Vehicle. Please indicate your requirements on the attached Proposal Form.

## What to do next?

Just complete the Proposal Form, and, if required, Monthly Premiums Application and return it to your broker or adviser – it couldn't be easier.

**Please tear off and retain.**  
For Risks written outside the Bailiwick of Guernsey the Insurer is Royal and SunAlliance Insurance plc

# AUTOFLEET PROPOSAL FORM



**A policy book with full policy wording is available on request.  
Please write clearly.**

**IMPORTANT:** It is an offence under the Road Traffic Legislation to make a false statement or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance and great care must be taken to ensure that this Proposal Form is fully completed correctly in every particular.

**PLEASE COMPLETE IN BLOCK CAPITALS**

Premium

Broker/Agency

Broker/Agent  
Quote Ref

**OFFICE USE ONLY**

Policy No

Authorised

Full Name of Proposer

Postal Address   
  
  
Postcode:

Telephone No.  Website address

Full Description of Business  
(including any part-time or casual) and nature of duties

If you own subsidiary companies are they all to be included? Yes  No

If only specified subsidiary of any associated companies are to be included, please state names and state their business if not included above.

  

Period of Insurance required: From:  To:

## Vehicles, Trailers and Cover

**NOTE: The details of all vehicles and trailers to be insured and the cover required are to be provided in the Vehicle and Trailer Particulars Section or in a similar format.**

1. Please state total number of vehicles owned, hired, leased or lent to you.

2. Do you require cover for trailers? Yes  No

If 'YES'

(a) please state total number of trailers owned, hired, leased or lent to you.

(b) is cover required for unspecified trailers? Yes  No

3. Where Comprehensive cover is selected do you wish to bear an excess in addition to any compulsory excess? Yes  No

If 'YES', please state the additional amount your wish to pay (if you require differing excess levels please detail your requirements in the Vehicle and Trailer Particulars Section).  £

4. Do you ever have vehicles and/or trailers situated on the same premises where their total market value exceeds £250,000? Yes  No

If 'YES', please give full details below including total market value.

## Drivers

1. Is it your practice to examine the driving licence and make enquiries about the driving history of each person before they are first permitted to drive for you? Yes  No
2. Have you or any person who will drive a vehicle
- (a) been convicted in the past 5 years of any offence in connection with a Motor Vehicle or is any such prosecution pending? Yes  No
- (b) been disqualified from driving? Yes  No
- (c) been convicted of any offences involving arson or dishonesty of any kind e.g. fraud, theft, arson or handling stolen goods? Yes  No
- (d) at any time been refused insurance or quoted an increased premium or had special terms imposed? Yes  No
- (e) ever suffered from any heart complaint, diabetes, fits or any other physical or mental infirmity which impairs the ability to drive or requires medical treatment? Yes  No

If you have answered 'YES' to any part of Question 2 please give full details below.

## Use

1. Use of your cars for the business of the Policyholder 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
2. Where Commercial Vehicles are to be insured are they used for
- (a) Carriage of own goods? Yes  No
- (b) Carriage of other persons goods? Yes  No
- If 'YES'
- (i) Is carriage for one person only? Yes  No
- If 'YES', please state name
- (ii) Farmers only - do you carry goods to destinations more than 50 miles away? Yes  No
- (iii) Small Goods Carrying Vehicles (i.e. vehicles up to 40 cwts carrying capacity) only - does carriage for other persons exceed 25% of total use? Yes  No

3. Please state below, the general nature of goods carried and detail any inflammable, toxic, corrosive, explosive, otherwise dangerous substances.

4. Are vehicles used at airfields? Yes  No
5. Are vehicles hired or leased to other persons? Yes  No
6. Are vehicles used outside the Channel Islands or United Kingdom? Yes  No

If you have answered 'YES' to Question 4, 5, or 6, please give full details below.

**Vehicle and Trailer Particulars**

Make Model and Body type	Registration Identification Number	Vehicle <sup>1</sup> Capacity or G.V.W.	Year of make	Estimate Present Value	Garage District Postcode	Policy <sup>2</sup> Cover	Additional Excess <sup>3</sup> £

**Trade Plate**

Registration Number	Policy Cover <sup>2</sup> (road risks only)	Additional Excess <sup>3</sup> £

**1. Vehicle Capacity or G.V.W.**

- Motor Cars & Motor Cycles – Cubic Capacity
- Goods Carrying Vehicles under 3.5 tonnes gross vehicle weight – Carrying Capacity
- All other Goods Carrying Vehicles – Gross Vehicle Weight
- Mini Bus & Coaches – Number of Passenger Seats

**2. Policy Cover**

- A - Comprehensive
- B - Third Party Fire & Theft
- C - Third Party Only

**3. Excess**

In addition to any compulsory excess.

## Claims

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

1. Please state name of your present Insurer
2. (a) Have you already provided details of previous claims experience for each of the last three years? Yes  No
- (b) If 'YES', are these details still an accurate statement of your claims experience? Yes  No
- (c) Do the details include the claims experience for all vehicles owned, hired, leased or lent to you? Yes  No
- (d) Please provide details of any incident which has not but could arise to a claim.

If the answer to any part of Question 2 is 'NO', please complete the following for the current and previous two periods of insurance.

Period	Total Number of Vehicles Owned, Hired, Leased or Lent to you	Total Number of Accidents and Losses	Settled Claims				Claims not yet Settled				
			Damage to Proposer's Vehicles		Third Party		Damage to Proposer's Vehicles		Third Party		
			No.	Amount £	No.	Amount £	No.	Amount £	No.	Amount £	

Please state the date to which this experience is compiled.

/ /20

## Important

Please read the following carefully before you sign and date the Declaration.

- The answers you have given to these questions will usually provide us with sufficient information to enable us to consider this Proposal.
- However, because no list of questions can be exhaustive please consider carefully whether there is any other material information known to you which could influence our acceptance and assessment of the risk.
- Material information would include any special feature of the vehicle, use, driver's history or its location which makes losses or accidents more likely to happen, or more serious if they do.
- Please disclose on a separate sheet of paper any such material information even if you have doubts as to whether it is material or not. Please note that you are not required to disclose convictions regarded as spent by virtue of the Rehabilitation of Offenders Act 1974.
- Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid.
- You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.
- A copy of your completed Proposal is available on request. Please tick box if required.
- Insurers maintain an Anti-Fraud and Theft Register and exchange information with each other to prevent fraudulent claims.
- The Insurers reserve the right to confirm driving licence details with the relevant licencing authorities.

## Declaration

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand.

- I/We declare that to the best of my/our knowledge and belief the answers given are true and that the vehicle(s) is/are in a sound and roadworthy condition and that all material information as explained has been disclosed.
- I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent acting on my/our behalf, and not the agent of Insurance Corporation of the Channel Islands Ltd.
- I/We declare that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused insurance or continuance thereof.
- I/We declare that this Proposal Form is for insurance in the normal terms and conditions of the Insurer's policy and shall be incorporated in and form part of the insurance contract.

Signature of Proposer(s)

Date

 /  / 

This insurance will not commence until the insurers have indicated their acceptance of the Proposal and a Cover Note or Certificate of Motor Insurance has been delivered. The Insurers reserve the right to decline any Proposal.

Please initial any alterations on this Proposal Form.

### Payment Options

Paying for your insurance could not be easier than with the following ways to pay. We offer you the choice of paying Monthly Premiums by Direct Debit, annually by Credit/Debit card, cash or cheque.

- The Direct Debit system is carefully regulated to make sure you are always protected. Full details of safeguards can be found in the Direct Debit Guarantee below.
- Before your Monthly Premiums commence, we will send you a statement which will show the dates on which the Debits are due. Once your Monthly Premiums start, there will be no more forms to fill in - we simply apply to your Bank or Building Society for the Monthly Premiums.
- Monthly Premiums by Direct Debit is the easiest way to pay. Monthly premiums offer you monthly budgeting and no fuss payment through your Bank or Building Society. Your premium will be collected on the same day of each month by Direct Debit from your account.
- Your Monthly Premium will be equivalent of 1/12th of the annual premium, plus a handling charge, currently at 6%. Insurance Premium Tax (IPT) will be applied at the current rate if applicable.



### The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Insurance Corporation of the Channel Islands Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Insurance Corporation of the Channel Islands Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Insurance Corporation of the Channel Islands Ltd or your Bank or Building Society you are entitled to a full and immediate refund of the amount paid from your Bank or Building Society.
  - If you receive a refund you are not entitled to, you must pay it back when Insurance Corporation of the Channel Islands Ltd ask you to.
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.

Please detach and return both sections to Insurance Corporation.

### How would you like to pay?

#### Option 1. Annual Payment by Credit/Debit Card

If you intend to pay by credit card or debit card please complete the following:

Do not send your card

(Card No )

Valid from Date (as shown on card):

Expiry Date (as shown on card):

Switch Issue No. (if shown on card):

Month Year

Card Holder's name (as shown on card) - Please use capitals:

Amount: £

If you require a receipt, please tick:

3 Digit Security Code (last numbers found on Signature Strip)

#### Option 2. Annual Payment by cash or cheque

Policy Number

Premium

BY POST to the address shown above. Cheques should be sent with this form.

#### Option 3. Monthly Premiums by Direct Debit

Policy Number

Premium

Please do not detach - FOR OFFICE USE ONLY.



### Instruction to your Bank or Building Society to pay Direct Debit



Please fill in the form and send to: Insurance Corporation of the C.I. Ltd  
P.O Box 160, Dixcart House, Sir William Place, St Peter Port, Guernsey, GY1 4EY

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address

Postcode

Name(s) of Account Holder(s)

Bank Sort Code

Bank/Building Society account number

Service User Number

Reference Number (FOR OFFICE USE ONLY)

#### Instruction to your Bank or Building Society

Please pay Insurance Corporation Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Insurance Corporation and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts

