

COMMERCIAL VEHICLE, AGRICULTURAL AND FORESTRY PROPOSAL FORM



IMPORTANT: It is an offence under the Road Traffic Law 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 form is fully completed. For risks written outside the Bailiwick of Guernsey the Insurer is Royal & Sun Alliance Insurance plc

A policy book with full policy wording is available on request.

PLEASE COMPLETE IN BLOCK CAPITALS

Premium	<input type="text"/>	Broker/Agency <input type="text"/>
Broker/Agent Quote Ref	<input type="text"/>	
OFFICE USE ONLY		
Policy No	<input type="text"/>	
Authorised	<input type="text"/>	

Proposer's Name in Full Mr, Mrs, Ms, Miss

Address

 Postcode:

Email address

Telephone No.

Description of Proposer's Business (including any part-time or casual) and nature of duties.

Business for which vehicle is used (if different)

Insurance required From: To:

N.B. If additional space is required for your answer to any of the following Questions please use the 'Additional Information' Section.

1. Give details of the Proposer and all persons aged under 25 years of age permitted to drive stating whether the driver uses the vehicle for social, domestic and/or pleasure purposes.

Full Name	Date of Birth	Occupation	Type of Licence	Date Passed CI/UK driving test	S.D & P USE (Please Tick)		% Total Use	Reg. No.
					YES	NO		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES	NO	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES	NO	<input type="text"/>	<input type="text"/>

N.B. Where driving is not restricted to named persons and Comprehensive cover is selected, Accidental Damage cover will be excluded for all UNSPECIFIED DRIVERS under 25 years of age.

If no drivers under 25, state 'none'

2. Have you or any director, partner (whether under a current or previous trading name or interest) or ANY PERSON who to your knowledge will drive the vehicle(s):

- (a) in the past 5 years been convicted of any offence in connection with a motor vehicle (including endorseable fixed penalty offences) or is any such prosecution pending? Yes No
- (b) at any time been convicted of any criminal offence (other than a motoring offence) or is any such prosecution pending? Yes No
- (c) at any time been disqualified from driving? Yes No
- (d) at any time been refused insurance or quoted an increased premium or had special terms imposed? Yes No
- (e) at any time suffered from any heart complaint, diabetes, fits, or any other physical or mental infirmity? Yes No
- (f) in the past 5 years been involved in any accident or suffered any loss or theft, regardless of blame, in connection with any motor vehicle (including private cars and motor cycles) owned or driven by you or by any person who to your knowledge will drive? Yes No

If you have answered 'YES' to any part of Question 2, please give full details in the 'Additional Information' Section at the end of this proposal form, including drivers names and dates and costs of claims (where appropriate).

3. Are you now or have you ever been insured in respect of a motor vehicle?

Yes

No

If 'YES' please indicate name of insurer, type of vehicle insured and renewal date of policy or policies

Name of Insurer	Vehicle Insured	Renewal date of policy

4. Number of motor vehicles (including private cars and motor cycles) owned by you at any one time within each of the past three years.

Year	20	20	20
Vehicles owned			

Vehicles and Trailers

N.B. Trailers-cover automatically includes Third Party liabilities arising out of towing of trailers by SMALL GOODS VEHICLES i.e. up to 40 cwts carrying capacity (pay load), 3.5 tonnes Gross Vehicle Weight. Trailers towed by other vehicles or those trailers for which any damage cover is required should be specified below.

	Vehicle (or Trailer) 1	Vehicle (or Trailer) 2	Vehicle (or Trailer)
5 (a) Registration Mark	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Make and Model (as shown on your registration document)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) Type of Body	<input type="text"/>	<input type="text"/>	<input type="text"/>
(d) Gross Vehicle Weight	<input type="text"/>	<input type="text"/>	<input type="text"/>
(e) Carrying Capacity (Pay load)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(f) Year of Manufacture	<input type="text"/>	<input type="text"/>	<input type="text"/>
(g) Estimate of Present Value	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
(h) Is the vehicle subject to Full or Preferential Motor Tax Rates?	Full <input type="checkbox"/>	Preferential <input type="checkbox"/>	(Baliwick of Guernsey only)
(i) Cover required: (tick appropriate box)			
(a) Comprehensive	a <input type="checkbox"/>	a <input type="checkbox"/>	a <input type="checkbox"/>
(b) Third Party Fire & Theft	b <input type="checkbox"/>	b <input type="checkbox"/>	b <input type="checkbox"/>
(c) Third Party only	c <input type="checkbox"/>	c <input type="checkbox"/>	c <input type="checkbox"/>
(j) Do you intend to tow trailers with this vehicle? (If 'YES', see N.B. above)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(k) Is the vehicle articulated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'YES', is an anti-jack-knife device fitted? (state model in the 'Additional Information' Section)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(l) Is the vehicle kept in a building overnight?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'NO', give full address of where kept and description of situation e.g. drive, car park.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Postcode: <input type="text"/>	Postcode: <input type="text"/>	Postcode: <input type="text"/>
(m) Postcode of business address from which the vehicle operates. If vehicles based outside of C.I. state where used including postcode.	<input type="text"/>	<input type="text"/>	<input type="text"/>
(n) No Claims Discount entitlement	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years

Please attach latest Renewal Notice from your last Insurer

6. Do any of the vehicles have plant or implements permanently fixed? Yes No
- If 'YES', do you wish the policy to include Third Party liabilities whilst the vehicle is being used as a tool? Yes No
7. Have any of the vehicles been modified or altered from the makers specification? Yes No
8. Are any of the vehicles owned by or registered in the name of another person or Firm? Yes No
9. Are any of the vehicles subject to a Hire Purchase or Vehicle Leasing Agreement? Yes No
10. Do you own or lease any vehicles which are not included in this proposal? Yes No

Use

11. (a) Please state the general nature of goods and materials carried
- (b) Do you carry any inflammable, toxic, corrosive, explosive or otherwise dangerous substances? Yes No
- If 'YES', please give details below.

12. Are vehicles used for:
- (a) Haulage of goods? Yes No
- (b) Carriage of goods for other persons or firms? Yes No
- If 'YES':-
- i) is carriage for one person or firm only? (State Name) Yes No
- ii) Does carriage for other persons exceed 25% of total use? Yes No
- (c) Farmers only —
- i) do you carry goods to destinations more than 50 miles away? Yes No
- ii) do you carry goods other than your own or belonging to other farmers? Yes No
13. Are passengers carried for hire or reward? Yes No

If 'YES', please give full details below

Vehicle	Class of Licence (HGV, LGV or PSV etc)	Seating Capacity (ex. driver)

14. Are vehicles used for business abroad? Yes No
- If 'YES', please give details

15. Are vehicles used at airfields? Yes No
16. Is the vehicle used for crop spraying or lime spreading
- (a) On your own farm? Yes No
- (b) On other premises? Yes No
- If 'YES', please give details of chemicals used in the 'Additional Information' Section at the end of this Proposal Form
17. Are any of the vehicles used **solely** for forestry purposes? Yes No

Discounts

18. **Voluntary Excess** — (Comprehensive Cover) NOTE:- A £100 Compulsory excess applies in respect of all vehicles, other than Agricultural and Forestry vehicles.

Do you wish to reduce your premium by paying the first part of each damage claim to your own vehicle (other than by Fire, Theft or Breakage of Windscreens)?

Yes No

If 'YES', what amount of excess do you require?

£50 £100

The following discounts only apply to small goods vehicles (i.e. vehicles up to 40 cwts carrying capacity (pay load)/3.5 tonnes Gross Vehicle Weight) and may not be taken.

19. Restricted Driving

Do you wish to reduce your premium by limiting driving of any vehicle to:

i) One named driver?

Yes No

ii) Two named drivers?

Yes No

If 'YES', to i) or ii) above state name(s), registration mark(s), Type of Driving Licence held and whether it is full or provisional.

Name	Registration Mark	HGV, LGV or PSV etc	Full or Provisional licence

Additional Information

If you have answered 'YES' to any Questions contained on this Proposal Form please give FULL details here or on a separate sheet of paper (attach details). Please state Question number clearly.

Important Note

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 in the Additional Information Section or 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 within 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 pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident, (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident, we will pass information relating to it to the registers.
Your insurance cover details will be added to the Motor Insurance Database, run by the Motor Insurers' Information Centre (MIIC). This has been set up to help identify uninsured drivers, and may be searched by the Police to help confirm who is insured to drive. If there is an accident, the Database may be used by the insurers, MIIC and the Motor Insurers' Bureau to identify relevant policy information.
You can ask us for more information about this.
You should show this notice to anyone insured to drive the vehicle covered under the policy.
- The insurers reserve the right to confirm driving licence details with the appropriate authority.

Declaration

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

- I/We understand that you will pass the information on this form and about any incident I/we may give details of to the IDS Ltd and ABI so that they can make it available to other insurers. I/We also understand that, in response to any searches you may make in connection with this application or any incident I/we have given details of, IDS Ltd and ABI may pass you information it has received from other insurers about other incidents anyone insured to drive the vehicle covered under the policy have been involved in.
- I/We declare that to the best of my/our knowledge and belief the answers given are true the vehicle(s) is/are in a sound and roadworthy condition and 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 the 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.

