



COMMERCIAL VEHICLE PROPOSAL FORM

All questions must be fully answered. Please write in **BLOCK LETTERS** and circle correct answers.

GENERAL DETAILS

1 Date insurance required from:

Day _____ Month _____ Year _____

2. Full names of proposer(s)/Company:

State: Mr, Mrs, Miss, Ms or other title. If Company state full legal name

i) _____
ii) _____

3. Date of Birth:

i) Day _____ Month _____ Year _____
ii) Day _____ Month _____ Year _____

4. Full Postal Address:

i) _____
ii) _____

5. Telephone Numbers/Contact Details:

i) (W) _____ (H) _____
(M) _____ (EMAIL) _____
ii) (W) _____ (H) _____
(M) _____ (EMAIL) _____

6. Profession or Occupation/Business or Trade of Company:

i) _____
ii) _____



7. Will the vehicle be used for purposes other than the carriage of your own goods? Yes No

If Yes, please give details. _____

8. General nature of goods to be carried:

9. Do you require cover for Trailers attaching to vehicle: Yes No

- a) Maximum number of Trailers drawn _____
- b) Maximum carrying capacity Cwt./kg _____
- c) Estimated Value _____

10. Will you carry passengers for hire? Yes No

11. Is the vehicle:

- a) The absolute and sole property of the Proposer? Yes No
If No, please specify _____
- b) Financed by a loan? Yes No
If Yes please state name and address of Bank or Finance Company: _____

- 12. a) Where is the Vehicle (s) garaged? _____
- b) How many vehicles are garaged in the same building? _____

13. Details of previous Motor Insurance held by you or anyone who will drive.:

- a. Name of Insurance Company: _____
- b. No Claims Discount held by this Insurer: Yes No
- c. If Yes, state percentage: _____

14. Have you or any other person who will drive:

- a) Been declined Motor Insurance, Refused Renewal of your policy, or had a Motor Policy cancelled or special terms imposed? Yes No
- b) Been convicted of any offence in connection with the driving of any motor vehicle or received notice of prosecution pending within the last 3 years? Yes No
- c) Suffer from defective vision or from any physical disability or infirmity? Yes No

If 'Yes' to any please give details _____



VEHICLE(S) DETAILS

15. Give particulars of vehicle(s) to be insured:

VEHICLE (i)	VEHICLE (ii)
Date of Purchase: _____	_____
Registration Number: _____	_____
Year of Manufacture: _____	_____
Make & Model: _____	_____
Horse Power/Cubic Capacity: _____	_____
Engine Number: _____	_____
Chassis Number: _____	_____
Seating Capacity: _____	_____
Number of Doors: _____	_____
Type of Body: _____	_____
Purchase Price including Accessories: _____	_____
Value to be Insured: _____	_____
Turbocharged/ Supercharged: Yes No	Yes No

16. Is the vehicle:

a. Left Hand drive	Yes	No
b. Has the vehicle been modified in any way or fitted with oversized tyres or a high performance engine or equipment?	Yes	No

If Yes, give details _____

c. In good condition and repair and will it be kept so?	Yes	No
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17. Has the vehicle ever been involved in an accident or 'write-off? Yes No

If yes, please give details _____

18. Address where motor vehicle(s) will be kept:

i) _____

ii) _____



19. COVERAGE: Please state the type of Cover required

COMPREHENSIVE

THIRD PARTY

Excesses which apply to Comprehensive cover:

Compulsory _____
Young and Inexperienced Driver _____
Non Declared Driver _____.

20. DRIVER DETAILS

Give details below in respect of all persons who to your knowledge will drive the vehicle (s) including the Proposer:

NAME	DATE OF BIRTH	OCCUPATION	DRIVING EXPERIENCE	CLASS & NO. Of LICENCE	EXPIRY DATE

21. ACCIDENT/CLAIMS HISTORY

Give details below in respect of any accident or losses which occurred within the last three (3) years in connection with this or any other motor vehicle driven by you or by any other person who to your knowledge will drive the vehicle (s):

DATE OF ACCIDENT	REG. NO. OF VEHICLE	BRIEF DETAILS OF ACCIDENT	CLAIMS COST PAID/OUTSTANDING	NAME OF INSURANCE COMPANY



I/We warrant the statements and particulars given in this Proposal which I/We have read over and checked are true, and that the motor vehicle(s) referred to is/are in good condition and repair. I/We desire to effect an insurance with Brydens Insurance on the terms, conditions and exceptions of the Policy to be issued by the Company. I/We agree that this Proposal shall form the basis of the Contract between me/us and the Company, and shall be deemed as incorporated in the policy to be issued.

Proposer's Signature(s): **Date:**

..... **Date:**

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THIS PROPOSAL IS ACCEPTED AND THE PREMIUM PAID

FOR OFFICIAL USE ONLY

PREMIUM CALCULATION

AGENT/BROKER: _____

AUTHORISED & CHECKED BY: _____

POLICY NUMBER: _____

DOCUMENTS SEEN: _____

GUIDELINES ON DOCUMENTATION THAT MAY BE REQUIRED

1. Roadworthy Certificate (for vehicles over 5 years old)
2. If No Claims Discount requested, proof of No Claims Record
3. Proof of Ownership
4. Copies of Driver's Licence(s) for all persons named who will drive the vehicle(s)