RoyalStar Assurance

Commercial Vehicle Insurance PROPOSAL

VAT TIN

Please answer questions fully. Ticks or dashes are not sufficient.

Full Name (Block letters please)

Date of Birth (dd/mm/yy) / /

Full Address (Block letters please)

Email Address

Business or occupation (if more than one, state all)

1 a) Total number of vehicles currently owned

b) Particulars of vehicles to be insured (Note: Your estimate of present value must include accessories and spare parts)

Make of vehicle	Motive power	Engine capacity	Year of make	Registered letter & numbers	Type of Body	Date of Purchase	Price paid by you	Estimate of present value

2 Address at which the vehicles are usually kept

3 a) Are the vehicles usually kept overnight in a building?

b) How many of the vehicles will be kept in the same building?

4 State town or locality in which the vehicles will generally be used

5 Questions application to **Passenger Vehicles** (Note: Also answer question **6** if goods are carried)

a) Are passengers carried for hire or reward or is any charge whatsoever made for their carriage?

b) Does any vehicle run on a scheduled route for the carriage of passengers?

c) Does any vehicle ply for public hire?

d) Is any vehicle used for private hire?

e) Is any vehicle hired out for the purpose of being driven by the hirer?

f) What is the total seating capacity of each vehicle (including driver's seat)?

6 Questions applicable to **Goods Vehicles** (Note: Also answer question **5** if passengers are carried)

a) Do you undertake the cartage of goods for other persons for hire or reward or do you make any charge whatsoever to other persons for the use of any vehicle?

b) Has any vehcile been altered or adapted to carry a load heavier than that stated in the Maker's published specification? If so, give details

c) General nature of goods carried by each vehicle or trailer

d) Will any vehicle or trailer carry goods of an explosive, inflammable or dangerous nature?

7 Questions applicable to **Trailers**

a) Will a trailer be drawn? If so, state Make and Maker's No.

b) Estimate of present value of trailer

c) Gross laden weight (trailer plus mamixum load thereon)

d) If more than one trailer is drawn at a time, please state number

8 a) Are you the owner of the vehicles and are they registered in your name?

b) If not, state name and address of i) the owner

ii) the person in whose name the vehicles are registered

9 Is any finance company interested in the vehicles? If so, state which vehicles and give name and address of finance company.

10 Do you, or does any other person who to your knowledge will drive, suffer from defective vision or hearing, or from any physical or metal infirmity or disease? If so, give details

11 Have you, or has any other person who to your knowledge will drive, been convicted during the past 5 years of any offence in connection with a motor vehicle? If so, give full particulars (including any prosecutions pending)

12 a) Have you been or are you now insured in respect of any motor vehicle? If so, please state name and address of insurer and policy or certificate number.

b) Are you entitled to a "No Claims Discount" from you previous insurer in respect of any other vehicles described in this proposal? If so, please attach renewal notice or letter from insurer confirming entitlement

13 State how long you have been driving vehicle of the type proposed for insurance

14 a) Will you be the sole driver of the vehicles?

b) If not, state the total number of your employees who are licensed to drive

15 Give the following particulars for the usual driver of each vehicle (not applicable to proposals relating to more than 5 vehicles)

Name	Age	Period of driving experience of type of vehicle proposed for insurance	Details of any vehicle accidents during the past 4 years

16 Has any insurer

a) declined your proposal? ☐

b) required you to bear the cost of any loss? ☐

c) required an increased premium or imposed special conditions? ☐

d) cancelled or refused to renew your policy? ☐

If so, give details

17 a) State total number of vehicles owned by you during the past four years

Year	No.	Year	No.	Year	No.	Year	No.

b) Have any accidents or losses (whether covered by insurance or not) occurred during the past four years in connection with any motor vehicle owned , driven or used by you? ☐

If so, give details

Year	No.	Cost (paid or estimated)	Nature of payment (e.g. own damage, third party, etc.)	Brief details of the incident

18 Please **check** the cover required ☐ Comprehensive ☐ Third Party

19 Do you wish to extend the policy to cover your legal liability to passengers (other than employees)?
Note: This cover is compulsory for vehicles carrying passengers for hire or reward.

20 Do you wish to bear the first amount of each claim for loss or damage to your vehicle (other than by fire or theft)? If so, state amount

Note: Any such "excess" is additional to any compulsory "excess" which may be incoporated in the policy

I/We desire to insure with the Company in respect of the vehicle or vehicles described in the above proposal. I/We warrant that the above statements made by me/us on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/We agree that this proposal shall be incorporated in and taken as the basis of the proposed contract between me/us and the Company and I/we agree to accept a policy in the Company's usual form for this class of insurance. I/We undertake that the vehicle or vehicles to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof.

Signature

Date

ELECTRONIC COMMUNICATIONS AGREEMENT

By signing this proposal I agree to electronic communications with Abaco Insurance Agency Limited and to the electronic delivery of my Policy Documents & Notices relevant to the renewal of The Policy. I agree to advice Abaco Insurance Agency Limited of any change in my email address to ensure safe delivery of all communications and documentation.

In the event I am unable to receive electronic communications, I agree to collect my Policy Documentation & Notices from the offices of Abaco Insurance Agency Limited.

Original Policy Documentation, Notices & communications may be collected from the offices of Abaco Insurance Agency Limited at any time.

This agreement my be rescinded at any time by advising us in writing.

(Signing this form does not bind you to complete the insurance)