

Motor Fleet

Please complete the below as accurately as possible.

COMPANY INFORMATION

Company Name (inc. Proprietor(s) or Partner(s) Name:

Business Address inc. Post Code:

Full Business Description and Business Activities

Year Business Established:

Renewal Date:

Current Broker:

Last Year's Premium:

Insurer History for the last 3 years (if known):

Year: eg. 2019-2020 etc.	Insurer: eg. AXA, LV, Aviva etc	Policy Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE NOTE: We require a copy of your last 3 years confirmed claims experience (CCE) or no claims discount (NCD) years for each vehicle.

DECLARATION

Has the Proposer, any Partner(s) or any Director(s) ever;

If yes, please provide details:

a) had any proposal for insurance cancelled or has any Insurer ever declined to renew your Policy or required increased premium or imposed special terms?

b) been prosecuted or are any prosecutions pending under the Health and Safety at Work Act or any other statute or regulation?

c) been convicted of, prosecuted for or are any prosecutions pending for any criminal offence (other than motoring convictions)?

d) had any CCJs, Liquidations and/or Bankruptcies against them at the current company or previous companies they have been involved in?

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GENERAL

We require the policy to cover any driver over the age of Years Old
 E.g AD21 and over, AD25 and over, AD30:

Do any of the drivers on the fleet have 6 points or more?
 Or had any bans due to the totting up of points,
 drink/drug driving etc?

If YES; please provide the following:

Full Name:	Date of Birth:	Year Licence Obtained:	Convictions/Points/Ban Length
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RISK MANAGEMENT

Please answer the following questions in relation to fleet risk management:

- Are all drivers supplied with driver handbooks?
- Are drivers supplied with details of what to do following an accident?
- Do existing drivers have their driving licences checked periodically?
- Do goods vehicle drivers undertake SAFED training?
- Are Incidents recorded and analysed?
- Do new drivers have their driving licences checked?

What type of goods do you carry?

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HAZARDOUS LOCATIONS: Do you work on or in connection with any of the below? If YES, please tick and provide % of turnover this activity relates to:

	%			%			%	
Spectator Stands	<input type="checkbox"/>	<input type="text"/>	Demolition Sites	<input type="checkbox"/>	<input type="text"/>	MOD Properties	<input type="checkbox"/>	<input type="text"/>
Nuclear Sites/Refineries	<input type="checkbox"/>	<input type="text"/>	Heritage/Listed Buildings	<input type="checkbox"/>	<input type="text"/>	Airports/Airplanes/Airside	<input type="checkbox"/>	<input type="text"/>
Towers/Steeple/Spires	<input type="checkbox"/>	<input type="text"/>	Viaducts/Bridges	<input type="checkbox"/>	<input type="text"/>	Docks/Piers/Wharves	<input type="checkbox"/>	<input type="text"/>
Near or Over Water	<input type="checkbox"/>	<input type="text"/>	Power Lines	<input type="checkbox"/>	<input type="text"/>	Power Stations	<input type="checkbox"/>	<input type="text"/>
Offshore Rigs/Platforms	<input type="checkbox"/>	<input type="text"/>	Tunnels/Mines/Quarries	<input type="checkbox"/>	<input type="text"/>	Shoring	<input type="checkbox"/>	<input type="text"/>
Industrial Chimney Shafts	<input type="checkbox"/>	<input type="text"/>	Blast Furnaces	<input type="checkbox"/>	<input type="text"/>	Vehicles/Vessels	<input type="checkbox"/>	<input type="text"/>
Ships/Boats/Hovercrafts	<input type="checkbox"/>	<input type="text"/>	Railways/Railside	<input type="checkbox"/>	<input type="text"/>	Corrosive/Hazardous/Toxic	<input type="checkbox"/>	<input type="text"/>
Radioactive Substances/Devices	<input type="checkbox"/>	<input type="text"/>	Explosives	<input type="checkbox"/>	<input type="text"/>	Radioactive/Noxious Chemicals	<input type="checkbox"/>	<input type="text"/>
Non Licenced Asbestos	<input type="checkbox"/>	<input type="text"/>	Licenced Asbestos	<input type="checkbox"/>	<input type="text"/>	Heavy Lifting/Slings/Cradles	<input type="checkbox"/>	<input type="text"/>

VEHICLE SCHEDULE (Please attach separately if easier)

Vehicle Reg:	Make/Model:	Body Type:	Engine Size (cc):	GWV:	Current Value (£)	Overnight Postcode:	Owned by Company?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SIGNATURE

I hereby declare the above information is accurate and true:

Signature:

Name:

Date:

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ADDITIONAL INFORMATION
