



Commercial Vehicle Proposal Form



Unit 26 Ormeau Business Park 8 Cromac Ave Belfast BT7 2JA
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City Underwriting Services is authorised and regulated by the Financial Services Authority

Important Notices

You must give full and true answers to all questions. If you do not your insurance may not protect you in the event of a claim.

You should keep copies of all correspondence in connection with your proposal. A copy of the proposal can be supplied to you on request within 3 months from the date it was completed.

A copy of the policy document is available on request.

Underwriters reserve the right to decline any proposal or impose special terms.

Cover does not commence until a Cover Note or Certificate of Motor Insurance has been issued by an authorised Broker/Agent of City Underwriting Services Limited or by City Underwriting Services Limited for and on behalf of QIC Europe Limited.

Choice of Law and Jurisdiction Clause

The parties are free to choose the law applicable to this Insurance contract. Unless specifically agreed to the contrary this insurance shall be governed by the laws of Northern Ireland and subject to the exclusive jurisdiction of the courts of Northern Ireland.

Data Protection Notice

The Insurer and other group companies will use any information given together with other information for the administration of this Policy, the handling of claims and the provision of customer services.

The information may also be disclosed to the Insurer's service providers and agents for these purposes. It may also be disclosed to the Insured's Insurance Adviser.

The Insured has a right to request a copy of the information, to correct any inaccuracies and of erasure in certain circumstances.

If further information is required as to how data is processed by the Insurer, or as to the exercise of any rights under any data privacy laws, the Insured should read the Data Protection Policy on the Insurer's website at: <http://www.qiceuropelttd.com/privacy-notice-bcr/>

or contact:

The Data Protection Officer
QIC Europe Limited
The Hedge Business Centre
Triq ir Rampa ta' San Giljan, Balluta Bay, St. Julian's, STJ 1062, Malta.

Sharing of Information

We will not disclose personal information without the consent of the individual to which it relates as permitted or required by law. We may share personal information with insurers, agents or service providers (for example MID & CUE) in connection with providing, administering and servicing the products you have purchased from us or in the course of handling claims. Where we choose to have certain services provided by third parties, we do so in accordance with the applicable law and take reasonable precautions regarding the practices employed by the service provider to protect personal information.

Complaints Process

Any complaint should in the first instance be addressed to City Underwriting Services Limited, at info@Cityuws.com or by calling us on 028 9026 2880 or to our address at Unit 26, Ormeau Business Park, 8 Cromac Ave, Belfast BT7 2JA. If you are not satisfied with our response you are entitled to refer the matter to the

Financial Ombudsman Service (FOS)

Exchange Tower
 Harbour Exchange Square
 London E14 9SR

Tel: 0800 023 4567 (from a landline) or 0300 123 9123 (from a mobile)

Email: complaint.info@financialombudsman.org.uk

Website: www.financial-ombudsman.org.uk

Claims and Underwriting Exchange register (CUE)

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

check information provided and to prevent fraudulent claims. When we deal with your request for insurance, we may search these registers. Under the conditions of your policy, you must tell us about any incident which may or may not give rise to a claim, we will pass information relating to it to the registers.

Motor Insurance Database (MID)

Your policy information will be passed by City Underwriting Services Limited to a company who are authorised by QIC Europe Limited to supply your details to the Motor Insurance Database (MID). The Motor Insurance Database is run by the Motor Insurance Information Centre (MIIC). The aim of the MID is to prevent uninsured vehicles from driving on our roads. The police may use this database to confirm that a vehicle is insured and to establish who is insured to drive the vehicle(s). If you are involved in an accident in the UK or abroad other insurers, the Motor Insurers' Bureau (MIB) and MIIC may search the MID to obtain relevant policy information.

I/We understand that you will pass the information on this form to an authorised company to update the Motor Insurance Database and about any accident. I/We understand that you may give details to the IBA 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 accident I/We have given details of, IBA may pass you information that it has received from other insurers about other incidents anyone insured to drive the vehicle(s) under the policy have been involved in.

Personal Information

Your insurance cover includes cover for individuals who are either insureds or beneficiaries under the policy. We (QIC Europe Limited) identified in the contract of insurance and other market participants collect and use information about individual insureds to provide me/us with insurance to meet your legal obligations.

For full details of this personal information notice, please refer to our privacy policy which is available on our website at www.cityuws.com/privacy.

PLEASE USE BLOCK CAPITALS AND ANSWER ALL QUESTIONS IN FULL

If additional space is required, please provide full details on a separate sheet.

1. PROPOSER DETAILS

Title <input type="text"/>	Surname <input type="text"/>	Forenames <input type="text"/>
Address <input type="text"/>		Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Business / Home Tel No. <input type="text"/>	Mobile No. <input type="text"/>	
Nationality <input type="text"/>	How long have you been a resident in the UK <input type="text"/>	
Do you hold a full UK driving Licence? Yes <input type="checkbox"/> No <input type="checkbox"/>	(If 'Yes' state date obtained mm/yy) <input type="text"/>	
Do you hold the appropriate Licence to drive the proposed vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>	(If 'Yes' state date obtained mm/yy) <input type="text"/>	
Business or Occupation (Full Time and Part Time) <input type="text"/>		
How long have you been in business in the above occupation? (Months/Years) <input type="text"/>		
If more than one business give full details <input type="text"/>		
For what purpose is the vehicle being used? <input type="text"/>		
If you are not the main user please provide details <input type="text"/>		

2. COVER REQUIREMENTS

Cover Required: (Please Tick one of the three options) Comprehensive Third Party Fire & Theft Third Party Only

Do you require Green Card cover Yes No

N.B. There may be an additional charge to include this cover. Please refer to your broker for details.

3. VEHICLE DETAILS

(a)

Make	Model	GVW	Seating Capacity (excluding driver)	Year Manufactured	Date of Purchase	Current Estimate Value	Registration Number

(b) Are you the legal and registered owner of the Vehicle(s) Yes No

If 'No' Please provide details

(c) Trailers - Our Policy provides TPO cover in respect of trailers whilst attached, or detached on your premises or during the course of a journey.

If you require additional cover, please provide full details.

(d) Do you own other vehicles (other than private cars) that are not insured under this policy or are not insured with City Underwriting Services Yes No

If 'Yes' Please provide details

(e) Is the vehicle modified or altered in any way from the manufacturer's standard specifications? Yes No

If 'Yes', please give full details of all alterations

(f) Date the vehicle last passed the regulatory Ministry of Transport test. (dd/mm/year)

If more than one vehicle, please provide full details on a separate sheet.

4. DRIVER DETAILS

Please provide details of all persons excluding yourself whom you wish to drive your vehicle:

Title	Surname	Forename(s)	Date of Birth	For what purpose will you use the vehicle(s)	Have you a full UK driving Licence	Date full UK driving Licence obtained	Have you the relevant full UK Licence to drive the proposed vehicle(s)	Date you obtained this Licence

5. DRIVERS PREVIOUS HISTORY

In the last three years, Have you or any person who to your knowledge will drive any of the insured vehicle(s)

(a) Been involved in any losses, accidents or claims **Yes/No** If yes please provide details below.

Date of Accident/ Loss/Claim	Were you at fault Yes/No	Payment received in respect of your Vehicle Damage	Injury payment received by you	Third Party Damage Payment	Third Party Injury Payment	Was your No claims bonus affected

In the last five years, Have you or any person who to your knowledge will drive any of the insured vehicle(s)

(b) Been convicted of or fined for any motoring offence (with the exception of parking offences) Yes No
If Yes Please provide details

Drivers Name	Date of Offence	Type of Offence	Date of Conviction	Details of Fine	Endorsement Details on Licence	No. of Penalty Points	Details of Pending Prosecution

In the last Five Years, Have you or any person who to your knowledge will drive any of the insured vehicle(s)

(c) Had any proposal declined, renewal refused, policy cancelled, claim declined or special terms imposed Yes No

If Yes Please provide details

6. HEALTH DECLARATION

Have you or any person who to your knowledge will drive any of the insured vehicle(s) at any time Suffered from any physical or mental disorder, heart condition, diabetes, epilepsy, multiple sclerosis, Parkinson's disease, a stroke, brain surgery, or tumour or a severe head injury, eye disorder or disease, continued misuse or dependence on illicit drugs, alcohol or chemical substances or any other condition requiring current treatment involving the habitual use of drugs?

All these conditions must be notified to the DVLNI Yes No

If Yes Please provide Details

Have the DVLNI been notified of your condition? Yes No Have the DVLNI granted you a driving licence? Yes No

7. PREVIOUS INSURANCE HISTORY

(a) Are you entitled to a No Claims Discount Yes No
If Yes does this relate to: Private Car Yes No Number of Years
Light Van Yes No Number of Years
Other type of Commercial Vehicle Yes No Number of Years

(b) What is the expiry date of your current commercial vehicle insurance policy

(b) What date do you wish the City Underwriting Services Policy to commence

8. GENERAL INFORMATION

Is there any other information of which you think Underwriters should be aware? Yes No

If Yes Please provide full details:

Additional Information

9. DECLARATION

I/We declare that the statements made in this proposal form are true and correct to the best of my/our knowledge and belief. I/We agree that this proposal is subject to the standard terms and conditions of the Underwriters policy and shall be the basis of the contract. If such statements are in the writing of any person other than me, the Proposer or a Company Director/ Partner, such person shall be deemed to have been my agent for the purpose of filling in the same.

I/We understand that you will pass the information on this form to an authorised company to update the Motor Insurance Database and about any accident. I/We understand that you may give details to the 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 accident I/We have given details of, ABI may pass you information that it has received from other insurers about other incidents anyone insured to drive the vehicle(s) under the policy have been involved in.

Proposers Signature

Date