

application form

MOTOR FLEET INSURANCE



To the Ecclesiastical Insurance Office plc, Beaufort House, Brunswick Road, Gloucester GL1 1JZ.

Answers to the following questions and any additional details presented to the Company assist us in the assessment of the risk. You must let us know all material facts relevant to this insurance. Failure to do so could result in you not being insured and claims being refused. Material facts are those which would be likely to influence an insurer's consideration of the application. It is an offence under the Road Traffic Acts to make any false statement or to withhold any material information to obtain a Certificate of Motor Insurance. If you are in any doubt as to whether a fact is material you should include it. You should keep a record (including copies of letters) of all information supplied to the Company in connection with this insurance. A copy of this application form is available on request within three months of completion. A specimen policy document is also available.

Please complete in BLOCK CAPITALS and tick where indicated and use additional sheets if necessary.

Applicant details

1 Name of applicant(s)

(Please clearly define all parties to be insured identifying any holding/subsidiary company relationships)

2 Trading name

3 Postal address

Postcode

Telephone

Email

Website

4 Business or occupation (if more than one give details of each)

5 How long have you been trading?

Have you ever traded in another name?

Yes

No

If 'Yes' please give details

6 Do you have any form of accreditation

Yes

No

(eg BS5750/ISO 9000 series)

If 'Yes' please give details

7 Are you registered for VAT? Yes No

8 Date upon which the insurance is to commence

Note: unless we have confirmed otherwise, no insurance will be in force until we have accepted this application.

Vehicle details

1 Are all the vehicles to be insured:

(a) owned by you or hired to you under a hire purchase agreement? Yes No

(b) registered in your name? Yes No

2 Are any of the vehicles to be insured:

(a) subject to a lease agreement? Yes No

(b) subject to personal lease arrangements? Yes No

If you have ticked any of the shaded boxes in questions 1 and 2, please give details of the owner(s)

3 Will any of the vehicles be used:

(a) for commercial travelling? Yes No

(b) to carry passengers for Hire or Reward? Yes No

(c) for the Carriage of Goods for Hire or Reward? Yes No

(d) to carry any corrosive, explosive, inflammable, toxic or otherwise dangerous goods? Yes No

(e) in the vicinity of aircraft or oil refineries? Yes No

If 'Yes to any of the above, please give details

4 Please state the number of vehicles to be insured in the following categories

(a) Private Cars

(b) Commercial Vehicles

(c) Others

5 Will any of the vehicles be registered outside the United Kingdom?

Yes

No

If 'Yes' please provide full details

Driver details

1 Please state the number of company drivers in the following categories:

(a) under 21 years of age

(b) between 21 and 24 years of age

(c) 25 years of age and over

2 Have you or any person who will drive the vehicles:

(a) ever submitted an application to the DVLA or the DVLNI for the reasons of any medical condition or disability?

Yes

No

(b) been resident in the United Kingdom for less than 3 years?

Yes

No

(c) ever been convicted of any offence other than a motoring offence or is any prosecution pending?

Yes

No

3 Do you obtain references for new employees prior to employment and regularly check all driving licences?

Yes

No

4 Do your drivers receive driver training of any description?

Yes

No

If you have answered 'Yes' to any of questions 2-4, please give details

5 Have you or any Partner or Director had any insurance policy cancelled or an application or a renewal refused by an insurer?

Yes

No

6 Has any person who may drive the vehicle been convicted of any motor offences in the past 5 years or is any prosecution pending for:

(i) Dangerous Driving? (ie DD Offence Codes)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(ii) Drink or Drugs? (ie DR Offence Codes)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(iii) Taking or stealing? (ie UT Offence Codes)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(iv) Accident Offences? (ie AC Offence Codes)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

7 Has any person who may drive the vehicles received a ban from driving as a result of a conviction or series of convictions?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

8 Has any person who may drive the vehicles been refused any motor vehicle insurance or had renewal of motor insurance declined?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If you have answered 'Yes' to any parts of questions 5-8, please give full details

Uninsured loss recovery and legal expenses

1 Is cover required?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'Yes' complete questions 2 and 3 below. If 'No' please proceed to 'Important note'

2 Please indicate the cover required

(a) Accident loss recovery & personal injury and drivers travel assistance

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(b) Motor contract disputes

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(c) Policyholder's motor protection

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(d) Employees motor protection

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

3 Legal action or dispute

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Are you aware of any circumstances where you or any of your trustees, directors, principals, officers, partners, employees or representatives have been involved in any action or legal dispute involving a motor vehicle, prosecution for infringement of any road traffic law or regulation or dispute or appeal with a licensing authority involving the revocation, suspension, or alteration of the terms of, or refusal to renew a motor vehicle license of any kind in connection with any organisation, company, business or firm with which any of you have been involved.

If 'Yes', please give details

Important note

When returning this form, please provide:

1. A full list of the vehicles to be insured
2. Details of claims experience in the last 3 years

Law applicable

It is our intention to apply the law of England and Wales to your insurance contract unless your organisation is located in Scotland in which case the law of Scotland will apply. If there is any dispute as to which law applies, it will be English law.

Financial referencing

Ecclesiastical may search a Financial Referencing System Database when assessing this application.

Motor Insurance Database

The Motor Vehicles (Compulsory Insurance) (Information Centre and Compensation Body) Regulations 2003 require that all vehicles under fleet arrangements are duly registered with the Motor Insurance Database (MID).

We can advise you how to meet your MID obligations.

Declaration

I/We understand that a financial reference may be taken when assessing this application and at any time deemed necessary during the currency of any insurance that may be effected with the Company.

I/We confirm that as far as I am/we are aware the statements made by me/us or on my/our behalf in connection with this insurance are true and complete.

I/We agree to accept a policy in the Company's usual form for this class of business.

Name(s)

Signature(s)

Position(s)

Date

(Note: Insurers maintain a Motor Insurance Anti-Fraud and Theft Register and exchange information with each other to prevent fraudulent claims.)

FOR OFFICE USE ONLY:

Date

Initials

Charity
Care
Heritage
Education
Nurseries
Commercial bespoke
Property Owners
Flats
Motor fleet
Household

For further information on any
of our products, please speak
to your insurance broker.

Or visit us at

www.ecclesiastical.com



Beaufort House, Brunswick Road,
Gloucester GL1 1JZ

Ecclesiastical Insurance Office plc. (EIO) Reg.No.24869. Ecclesiastical Insurance Group plc. (EIG) Reg. No. 1718196. Ecclesiastical Life Ltd. (ELL) Reg. No. 243111. Ecclesiastical Group Asset Management Ltd. (EGAM) Reg. No. 2170213. Allchurches Investment Management Services Ltd (AIMS) Reg. No. 2170173. Allchurches Mortgage Company Ltd. (AMC) Reg. No. 1974218. Ecclesiastical Financial Advisory Services Ltd. (EFAS) Reg. No. 2046087. Ecclesiastical Risk Services Ltd. (ERS) Reg. No. 6290300. All companies are registered in England at Beaufort House, Brunswick Road, Gloucester, GL1 1JZ, UK. Tel: 01452 528533. EIO, ELL, EGAM, AIMS & EFAS are authorised and regulated by the Financial Services Authority and are members of the Financial Ombudsman Service. EIO & ELL are members of the Association of British Insurers and AIMS is a member of the Investment Management Association.