

# The Rural Business Motor Proposal



**RURAL**  
INSURANCE

## The Rural Business Motor Proposal

### GENERAL INFORMATION (please complete in block capitals only)

Full Name	<input style="width: 95%;" type="text"/>	Home Tel. No.	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	Work Tel. No.	<input style="width: 95%;" type="text"/>
Postcode	<input style="width: 95%;" type="text"/>	Mobile	<input style="width: 95%;" type="text"/>
Trading name (if different from above)	<input style="width: 95%;" type="text"/>		
Date cover to commence.	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>
Description of <u>all</u> occupations including any part time occupations	<input style="width: 95%;" type="text"/>		

### GENERAL QUESTIONS (to be completed in every case)

1. Do you own any motor vehicles other than those declared?	Yes <input style="width: 20px;" type="checkbox"/>	No <input style="width: 20px;" type="checkbox"/>
2. Have you ever traded under any other name?	Yes <input style="width: 20px;" type="checkbox"/>	No <input style="width: 20px;" type="checkbox"/>
3. Has any vehicle or trailer been modified from the manufacturers standard specification? (This includes cosmetic changes e.g. Body Kits, Alloy Wheels etc.)	Yes <input style="width: 20px;" type="checkbox"/>	No <input style="width: 20px;" type="checkbox"/>
4. Will any vehicle be kept at any address other than that shown above? If 'Yes' detail below together with the relevant post codes	Yes <input style="width: 20px;" type="checkbox"/>	No <input style="width: 20px;" type="checkbox"/>
5. Will any private car or commercial vehicle be used by any employee for social domestic and pleasure purposes?	Yes <input style="width: 20px;" type="checkbox"/>	No <input style="width: 20px;" type="checkbox"/>
6. Are any vehicles not registered in your name?	Yes <input style="width: 20px;" type="checkbox"/>	No <input style="width: 20px;" type="checkbox"/>
7. Do you require driving to be restricted for any of the vehicles? (A discount may be available)	Yes <input style="width: 20px;" type="checkbox"/>	No <input style="width: 20px;" type="checkbox"/>
8. Are any vehicles parked overnight other than in a garage or secured premises?	Yes <input style="width: 20px;" type="checkbox"/>	No <input style="width: 20px;" type="checkbox"/>
9. Will any driver under the age of 25 be the main user of any vehicles? Note: For horseboxes driving is restricted to over 25 years old only	Yes <input style="width: 20px;" type="checkbox"/>	No <input style="width: 20px;" type="checkbox"/>
10. Will any vehicle be used for any purpose other than social domestic and pleasure or for your business declared above	Yes <input style="width: 20px;" type="checkbox"/>	No <input style="width: 20px;" type="checkbox"/>
11. Will any goods carrying vehicle be used for: (I) Journeys in excess of 25 mile radius of base?	Yes <input style="width: 20px;" type="checkbox"/>	No <input style="width: 20px;" type="checkbox"/>
12. Will goods of an explosive or dangerous nature be carried at any time.	Yes <input style="width: 20px;" type="checkbox"/>	No <input style="width: 20px;" type="checkbox"/>

If the answer to any of the above is 'Yes' please provide full details below or on separate sheet

13. Please state the name of previous / present insurers and their policy number(s) and attach renewal notice or if previously insured on a fleet basis, please attach yours claims experience.

Insurer	<input style="width: 95%;" type="text"/>	Policy Number(s)	<input style="width: 95%;" type="text"/>
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## SCHEDULE OF PRIVATE CARS TO BE INSURED

Make & Model	Year of Make	Cubic Capacity	Value	Reg Number	Cover Required	Date of Purchase	N.C.B. Years	*Security Devices (A),(I),(TD)

## SCHEDULE OF GOODS CARRYING VEHICLES TO BE INSURED

(Max weight 7.5 tonnes Gross Vehicle Weight)

Make & Model	Year of Make	Gross Vehicle Weight	Value	Reg Number	Cover Required	Date of Purchase	N.C.B. Years	*Security Devices (A),(I),(TD)

## SCHEDULE OF MOTORISED HORSEBOXES TO BE INSURED

Make & Model	Year of Make	Value	Reg Number	Cover Required	Date of Purchase	N.C.B. Years	*Security Devices (A),(I),(TD)

## MOTORISED HORSEBOX MILEAGE DECLARATION

Please now state the current mileage of each horsebox and the future mileage restriction that you require

	Registration Number	Current Mileage	Annual Mileage Allowance Required per Insurance Year (please tick)	
			4000 miles	8000 miles
1.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Please indicate whether the vehicles are fitted with i.e. (A) Alarms, (I) Immobilisers or (TD) Tracking Devices

**Note:** we may require certain security devices are fitted before providing cover. You will be advised when we provide you with our quote

## DRIVER DETAILS

Please give details of yourself and all other persons who may drive the vehicles  
(if any person under the age of 25 is likely to drive, full details must be provided)  
Note: For horseboxes all drivers must be aged 25 and over

Full Name	Date of Birth	Occupation (Full & Part Time)	Type of licence i.e. Full U.K. / E.U.	Date U.K. / E.U. Test Passed

## DRIVER HISTORY

Have you or any person who may drive including those detailed above:

(A) Been refused motor insurance or had a motor policy cancelled, or ever had special terms imposed? Yes  No

(B) Suffered from diabetes, epilepsy, heart condition, defective vision or hearing, loss of limb, or any other physical, mental or alcoholic condition? Yes  No

If yes please give details

Name	Details

(C) Within the last five years been convicted of any motoring offence, or have any prosecutions pending? Yes  No

(D) Been disqualified from driving or had a licence suspended or revoked? Yes  No

If yes please give details

Name	Date	Offence Code	Period Disqualified	Circumstances

(E) Had any accidents, claims or losses during the last three years whether to blame or not? Yes  No

If yes please give details

Name	Date	Circumstances	Total Costs

## DIRECT DEBIT PAYMENT

Do you wish to spread the cost of your insurance and pay your premium by Direct Debit?

Yes

No

If 'Yes' please complete the details below

The premium will be collected over 10 instalments and the interest rate will be advised with our quotation.

There is no minimum premium and there is no deposit required. There will be a one off finance charge of £15. This is a rolling agreement which does not need to be re-signed. It can be used to finance all your insurances with Rural Insurance. Any changes to your cover during your policy year can be included on the Agreement. You will be entering into a loan agreement with Close Premium Finance who will send the agreement papers directly to you. Once you have completed the papers the agreement will need to be returned directly to Close Premium Finance.

Bank Account Name

Bank Account Number

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Sort Code

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Your preferred payment date in the month

Bank Name

Bank Address

Bank Postcode

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## IMPORTANT INFORMATION

### Choice of Law

The law of England and Wales will apply to this contract unless:

1. You and the Insurer agree otherwise; or
2. At the date of the contract you are a resident of (or, in the case of a business, the registered office or principal place of business is situated in) Scotland, Northern Ireland, Channel Islands or the Isle of Man, in which case (in the absence of agreement to the contrary) the law of that country will apply.

### Complaints Procedure

It is always Rural Insurance Groups intention to provide a first class standard of service.

If however You have a complaint about the service You have received from us then please contact us 01423 876000 or write to us at the address shown below.

If You have a complaint about a claim, contact Your claims handler first. You will find the claim's handler's name, phone number or email address on any letters they have sent You.

If You have any cause for complaint about the way Your policy was sold to You, then You should, in the first instance, contact the Intermediary who arranged the Policy for You.

If Your complaint is not be resolved to Your satisfaction, please write to -

**The Managing Director  
Rural Insurance Group Limited  
The Lenz  
Hornbeam Park  
Harrogate  
HG2 8RE**

quoting the details of Your Policy, the name of the Insured, Policy Number and departmental references.

If You cannot settle Your complaint with Rural Insurance Group Limited You may write to the Chief Executive Officer of the the Insurer who has underwritten this Policy and whose details are stated in the Policy. If You then cannot settle Your complaint with the Insurer, You may be entitled to refer it to the Financial Ombudsman Service (FOS). Further information is available at [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

The Financial Ombudsman Service (FOS) is an independent organisation that decides on complaints about general insurance products. They will only consider complaints after We have given You written confirmation that You have been through the Rural Insurance Group Limited's Complaints Procedure and that Your business has a Turnover of less than EUR 2 million and fewer than 10 employees.

You can contact the Ombudsman at:

Insurance Division,  
Financial Ombudsman Service,  
South Quay Plaza,  
183, Marsh Wall  
London, E1 4SR.  
Phone 0845 080 1800 Fax 0207 64 1001

## NOTICE

### Important Notice

All material facts must be disclosed. Failure to do so could invalidate the policy. A material fact is one that is likely to influence an insurer in the acceptance and assessment of the proposal e.g. a young or inexperienced driver or any offence, (including non motor related offences such as fraud, robbery, theft or handling stolen goods.) or prosecutions pending, or infirmities of any driver. Material facts must be disclosed in relation to yourself and all other persons who are to be insured. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer. It is an offence under the Road Traffic Acts to make any false statement or withhold any material information for the purpose of obtaining a certificate of motor insurance. If any changes in circumstances arise during the period of insurance cover please provide your insurer with details.

A specimen copy of the policy wording is available on request. We recommend you keep a record (including copies of letters) of all information provided to us for your future reference. A copy of the completed application form will be supplied on request within a period of three months after its completion.

### Telephone Call Recording

For our joint protection telephone calls may be recorded and/or monitored

### Important details about Rural Insurance Group Limited

Rural Insurance Group Limited is registered in England and Wales.

Its Registered Number is 2207611

Its Registered Office is: Cast House, Old Mill Business Park, Gibraltar Island Road, Leeds, West Yorkshire, LS10 1RJ

Rural Insurance Group Limited is Authorised and Regulated by the Financial Services Authority (FSA). Its FSA Register number is 308358

You can check the FSA Register by visiting [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by contacting the FSA on 0845 606 1234

Rural Insurance Group Limited is licensed by the Office of Fair Trading under the Consumer Credit Act 1974.

Its licence number is 585539

### Compensation Arrangements

Rural Insurance Group Limited is covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme Rural Insurance Group Limited cannot meet its own insurance obligations. This depends on the type of business and the circumstances of the claim. For compulsory insurance You may be entitled to compensation up to 100% of the claim. For all other types of insurance You may be entitled to compensation up to 90% of the claim. Further information about Compensation Scheme arrangements is available from the FSCS at: [www.fscs.org.uk](http://www.fscs.org.uk) or You may write to the Financial Services Compensation Scheme, 7<sup>th</sup> Floor, Lloyd's Chambers, Portoken Street, London E1 8BN. Their telephone number is 0207 8927300.

## NOTICE

### DATA PROTECTION ACT - INFORMATION USES

For the purposes of the Data Protection Act 1998, the Data Controller in relation to any personal data you supply is Rural Insurance Group Limited.

#### Insurance Administration

Your information may be used for the purposes of insurance administration by the insurer, its associated companies and agents by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. Where this happens, we will ensure that anyone to whom we pass your information agrees to treat your information with the same level of protection as if we were dealing with it.

If you give us information about another person, in doing so you confirm that they have given you permission to provide it to us and for us to be able to process their personal data (including any sensitive personal data) and also that you have told them who we are and what we will use their data for, as set out in this notice.

In the case of personal data, with limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

#### Credit Searches and Accounting

In assessing your application, to prevent fraud, check your identity and to maintain its policy records, the insurer may search files made available to it by credit reference agencies who may keep a record of that search. The insurer may also pass to credit reference agencies information it holds about you and your payment record. The information will be used by other credit lenders for making credit decisions about you and the people with whom you are financially associated for fraud prevention, money laundering prevention and for tracing debtors. The insurer may ask credit reference agencies to provide a credit scoring computation. Credit scoring uses a number of factors to work out risks involved in any application. A score is given to each factor and a total score obtained. Where automatic credit scoring computations are used by the insurer, acceptance or rejection of your application will not depend only on the results of the credit scoring process.

#### Continuous Renewal Payment Authority - e.g. Credit/Debit Cards - (If Applicable)

Where you select or have selected a continuous premium payment method, you will be notified in writing prior to renewal and, unless we hear otherwise, the policy will automatically be renewed. Unless you have advised otherwise, the renewal premiums will again be collected from your specified bank account, or credit/debit card to ensure you are always covered.

#### Sensitive Data

In order to assess the terms of the insurance contract or administer claims that arise, the insurer may need to collect data that the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this application you will signify your consent to such information being processed by the insurer or its agents.

#### Fraud Prevention and Detection

In order to prevent and detect fraud we may at any time:

- Share information about you with other organisations and public bodies including the Police;
- Undertake credit searches and additional fraud searches;
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this.

## NOTICE

We can supply on request further details of the databases we access or contribute to

We and other organisations may also search these agencies and databases to:

- Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
- Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity.

### Claims History

- Under the conditions of your policy you must tell us about any Insurance related incidents (such as fire, water damage, theft or an accident) whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to a database.
- We may search these databases when you apply for insurance, in the event of any incident or claim, or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

### Motor Insurance Database

Your Policy details will be added to the Motor Insurance Database (MID) run by the Motor Insurers' Bureau. This may be consulted by:

- a) the Police for the purposes of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance Policy and/or for preventing and detecting crime.
- b) other UK insurers and the Motor Insurers' Bureau may search the MID to ascertain relevant Policy information if you have been involved in an accident in the UK or abroad.
- c) the DVLA and DVLNI for the purposes of Electronic Vehicle licencing.
- d) persons pursuing a claim in respect of a motor traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID

You should show this notice to anyone insured to drive the vehicle(s) under this Policy.

You can find out more about the Motor Insurance Database and it's use by contacting the Motor Insurers' Bureau at [www.mib.org.uk](http://www.mib.org.uk)

## DECLARATION

I/We understand the contents of this completed application and I/we declare that the information given is, to the best of my/our knowledge and belief correct and complete. I/We agree that the statements in this application shall form the basis of the contract between the insurer and myself/ourselves and if the risk is accepted I/we undertake to pay the premium when called upon to do so. I/We understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes.

I/WE CONFIRM THAT IT IS IN ORDER TO RELEASE TO RURAL INSURANCE GROUP LIMITED ANY INFORMATION THEY REQUEST REGARDING MY/OUR PREVIOUS INSURANCE, INCLUDING CLAIMS HISTORY AND ANY SPECIAL TERMS OR CONDITIONS IMPOSED.

**Signature of  
policyholder**

**Date**

**Rural Insurance Group Limited**  
**The Lenz**  
**Hornbeam Park**  
**Harrogate HG2 8RE**

**W [www.ruralinsurance.co.uk](http://www.ruralinsurance.co.uk)**

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