

Motor Submission Form

Agency name

Contact name

Contact number

Email address

Policyholder Details

Proposer's full name and/or name of company, including names of trading partners (If applicable)

Correspondence Address including postcode

Company Website

Company Status (please tick)

Sole Trader (registered as self-employed)

Joint Insured

Partnership

Limited Company

Other, please specify

Number of years in this type of business

Number of years trading or years that the business has been established

Business Description (Including all full and part-time occupations)

Main occupation

Percentage of annual turnover

	%
--	---

Secondary Occupations

Percentage of annual turnover

	%
	%
	%
	%
	%
	%

Client and Policy Information

Are you the holding broker? (Please tick)

Yes

No

How is the policy currently rated? (please tick)

No Claims Bonus

Fleet Rated

Renewal Date

Renewal/ Best Alternative Premium

Current Insurer

Deadline Date

Discounts are available for driving restrictions to one or two named drivers, any driver over 30 and any driver over 40.

[illegible]

Commercial Vehicles (Rural Business Motor up to 7.5T & Farm Motor up to 44T)

Make & Model	Gross Vehicle Weight	Year	Estimated Value	Registration Number	Cover	NCB Years	Protected NCB (Y/N)	Driving Restriction	Overnight Post Code

Will any vehicles be used for carriage of goods or passengers for hire and/or reward? Please provide further details at the end of this form.

Yes

No

Will this be over 100 miles radius from base?

Yes

No

Agricultural Vehicles (Farm Motor only)

Make & Model	Year	Estimated Value	Registration / Serial Number	Cover	NCB Years	Overnight Post Code

Will any vehicles be used for agricultural contracting? Yes No

Percentage of agricultural contracting turnover?

 %

Motorized Horseboxes (up to 44T)

Make & Model	Gross Vehicle Weight	Year	Estimated Value	Registration Number	Cover	NCB Years	Protected NCB (Y/N)	Driving Restriction	Main User	Overnight Post Code

Will any Horsebox be used for the carriage of third-party horses for hire and/or reward? If Yes, please provide further details in the additional information box at the end of this form.

Yes

No

Mileage Discounts for Horseboxes restricted in annual mileage to 3000, 6000 or 9000

Registration Number	Current Mileage	Mileage Restriction

Trailers (Rural Business Motor any trailer over £5,000, Farm Motor any trailer over £150,000)

Make & Model	Year	Estimated Value	Serial Number

Passenger Carrying Trailers

Make & Model	No. of seats	Year	Estimated Value	Serial Number

Please provide details of the policyholder (Including partners & directors of the business), any specified drivers and all drivers under the age of 25 or over 75 years of age.

[illegible]

General Questions

Has any insurer cancelled your insurance or refused to offer renewal terms?	Yes	No
Have you or any of your directors, officers or business partners ever been convicted of or charged (but not yet tried) with any criminal offence (other than motoring offences)?	Yes	No
Do you or have you ever traded under another name?	Yes	No
Have you or any of your directors, officers or business partners ever been declared bankrupt, insolvent, been subject to CCJ or Scottish equivalent or has any business in which you were director or involved in management gone insolvent or into liquidation, administration receivership, entered into an arrangement with creditors, been subject to CCJ or Scottish equivalent?	Yes	No
Does your business offer a 24 hour call out service?	Yes	No
Does your business operate on a nationwide basis?	Yes	No
Does your business visit hazardous locations? Such as Power Stations, Nuclear Installations or establishments, Refineries, bulk storage, or production premises in the Oil, Gas or Chemical Industries, Bulk storage or production premises in the Explosive, Ammunition or Pyrotechnic Industries, Ministry of Defence premises, Military Bases airside at any airport or freight handling, rail trackside/other rail property?	Yes	No
Do you own or lease any motor vehicles other than those declared?	Yes	No
Do any of the vehicles on this policy have 10 seats or more including the driver?	Yes	No
Has any vehicle, trailer or implement been modified from the manufacturers' standard specification e.g. body kits, alloy wheels, spoilers, side skirts, internal or external racking etc?	Yes	No
Are any vehicles imported and left-hand drive?	Yes	No
Do you have any passenger carrying trailers?	Yes	No
Are any vehicles, trailers or implements legally owned by anyone other than the Policyholder?	Yes	No
Are any vehicles, trailers or implements registered to anyone other than the Policyholder?	Yes	No
Will any vehicles, trailers or implements be used for tree felling?	Yes	No
Will any vehicles, trailers or implements be used for carriage of hazardous goods?	Yes	No
Will any vehicles, trailers or implements be used for any purpose other than for the policyholder's business as described in the schedule under Business Description, commuting to and from a single place of work or for social, domestic and pleasure purposes?	Yes	No
Is the No Claims Bonus you intend to use for any vehicle insured on this policy currently in use elsewhere?	Yes	No

If you have answered '**Yes**' to any of the general questions, please provide additional information at the end of this form.

Driver History

Have you or any person(s) who may drive *(including those named in driver details)*

Had any accidents, thefts, or losses during the last 3 years (whether covered by insurance or not and regardless of who was at fault)?

Yes

No

Name	Date	Vehicle Involved	Circumstances	Total Costs (AD, TP & PI)	Fault / Non-Fault	Open/Closed

Had any unspent motoring offence within the last 5 years (including fixed penalty notices)?

Yes

No

Had any prosecutions or fixed penalty notices pending?

Yes

No

Had any motoring convictions or fixed penalty offences within the last 5 years or prosecutions pending, or been disqualified from driving or has a licence suspended or revoked?

Yes

No

Name	Date	Conviction Code	Fine Imposed	Penalty Points	Disqualification Details	Level if alcohol related

Suffers from any medical condition or disability that may affect their driving which that is notifiable to the Driver and Vehicle Licensing Agency (DVLA)? Yes No

Or has been notified to the DVLA and the DVLA as a result have not permitted nor granted a licence to drive? Yes No

Name	Date	Details	DVLA Advised?

Ever been convicted of or is any prosecution pending for any non-motoring offence which are unspent under the Rehabilitation of Offenders Act 1974)? Yes No

Name	Incident Date	Conviction Date	Charge	Circumstances

Additional Information