

Minibus Insurance Proposal Form

Please complete in BLOCK CAPITALS and return to Unity Insurance Services

Unity
Insurance Services

1. YOU THE PROPOSER

Mr/Mrs/Ms/Miss _____ Full name _____ or Group name _____
 Postal address _____
 _____ Post code _____
 Tel no _____ Post code where vehicle is kept overnight _____
 Occupation or type of business (including part time) _____ Registered Charity No. _____

2. YOUR VEHICLE (USE SEPARATE PROPOSAL IF MORE THAN ONE VEHICLE)

Vehicle: _____	Is the vehicle:-	YES	NO
Make and Model _____	a. owned or registered in a name other than the proposer? (if YES please provide details overleaf)	<input type="checkbox"/>	<input type="checkbox"/>
Registration Number _____	b. adapted to carry wheelchairs? if YES has the equipment been fitted with the correct anchoring/locking mechanism?	<input type="checkbox"/>	<input type="checkbox"/>
Year of Make _____	c. fitted with a self-loading device?	<input type="checkbox"/>	<input type="checkbox"/>
Engine Capacity _____	d. kept overnight in a locked garage or a secure locked compound?	<input type="checkbox"/>	<input type="checkbox"/>
Number of seats excluding driver _____	e. kept overnight in a street or other public place?	<input type="checkbox"/>	<input type="checkbox"/>
Date of Purchase _____	f. fitted with any anti theft-devices? (if YES please provide details overleaf)	<input type="checkbox"/>	<input type="checkbox"/>
Value _____	g. fitted with seatbelts? if YES have any of the seatbelts been fitted since the manufacture of the vehicle? (if YES please provide details overleaf)	<input type="checkbox"/>	<input type="checkbox"/>
Is vehicle left hand drive? YES <input type="checkbox"/> NO <input type="checkbox"/>	h. are all the seats forward facing? (if NO, please provide details overleaf)	<input type="checkbox"/>	<input type="checkbox"/>
	i. During the past 5 years have you been issued with any Prohibition Order against your vehicle under the Construction and Use Regulations? (if YES please provide details overleaf)	<input type="checkbox"/>	<input type="checkbox"/>

3. COVER Please indicate your requirements for policy cover (Minibus assist not available for public/private hire and SD & P)

Comprehensive Third Party Fire & Theft Do you want to include Breakdown Cover?

4. USE

Please give the approximate percentage of passengers carried by type:	Is the vehicle:-	YES	NO
Employees _____ %	a. used only in connection with the business of a registered charity or voluntary organisation?	<input type="checkbox"/>	<input type="checkbox"/>
Schools/Hospitals _____ %	b. used only in accordance with a permit issued under section 19 of the Transport Act 1985?	<input type="checkbox"/>	<input type="checkbox"/>
Clubs _____ %	c. loaned to any other charity or organisation?	<input type="checkbox"/>	<input type="checkbox"/>
Tourists _____ %	d. used to carry passengers for hire or reward?	<input type="checkbox"/>	<input type="checkbox"/>
General Public _____ %	e. used for public hire?	<input type="checkbox"/>	<input type="checkbox"/>
Other _____ % (Please give details)	f. used for social domestic and pleasure (SD & P)	<input type="checkbox"/>	<input type="checkbox"/>
_____	g. operated as a stage or express carriage?	<input type="checkbox"/>	<input type="checkbox"/>
_____	if YES please give details overleaf of the use permitted by the Road Service Licence		
	Please state the main areas of use in the UK: _____		

5. DETAILS OF ALL KNOWN DRIVERS - ESPECIALLY ANY DRIVER UNDER 25 OR OVER 65 OR WITH LESS THAN 2 YRS ON THE RELEVANT LICENCE. A COPY LICENCE FOR ALL DRIVERS IS REQUIRED (use a separate sheet of paper where necessary).

Full name	Date of birth	Occupation	How many years driving experience do you have in the UK?	Type of current (UK or EU) full or provisional (state if psv/pcv, and period held)		Motoring convictions incl. fixed penalties & prosecutions pending. If NONE state NONE				Does any driver suffer from a notifiable condition not notified to DVLA or any condition for which DVLA have restricted the licence
				TYPE	YEARS	DATE	CODE	POINTS	FINE	

If more than three additional drivers give details on a separate sheet. You are reminded that you are required by law to inform Drivers Medical Branch, DVLA, Swansea, SA99 1AT, at once if you have any disability (including any physical or mental condition) which does or may become likely to affect your fitness as a driver.

Send to: **Unity Insurance Services**, Lancing Business Park, Lancing, West Sussex, BN15 8UG. Tel: 0845 0945 703 Fax: 01903 751044

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6. INSURANCE HISTORY

a. Have you previously been insured? **YES** **NO**

If YES, please give details including Company name, policy number and type of policy, and, No. of years N.C.B. due.

b. Have you or any person who may drive been declined motor insurance or had a motor policy cancelled or any special terms imposed? **YES** **NO**

If YES, please give details

c. Have you or any person who may drive been disqualified from driving or had a driving licence suspended or revoked?

If YES, please give details

d. Do you have the use of another vehicle?

If YES, please give details including insurer

e. Have you or any person who may drive had any accidents/claims/losses (whether to blame or not) in connection with any motor vehicle during the last 3 years? (if there is not sufficient space please use area below additional information)

If YES, please give details

Day	Month	Year	Own vehicle repair costs	Third party repair costs	Personal injury paid or outstanding	Name of Driver	Brief details of circumstances	Conviction imposed YES/NO

COVER OPERATIVE FOR 12 MONTHS FROM

TIME

AM/PM

DATE

DATA PROTECTION

The details you have provided will be used by the Equity Red Star Services Limited to process your request in accordance with the Data Protection Act 1998 and the other applicable laws. We share data with approved organisations for underwriting and fraud prevention purposes. Your data may also be processed outside the European Economic Area. In all instances we take steps to ensure an adequate level of protection is given to your information. In order to assess the terms of an insurance contract or administer claims that arise, we may need to collect data that the Data Protection Act 1998 defines as sensitive (such as medical data or criminal convictions). In order to process your information for the purposes of providing insurance and claims handling, it may be necessary to pass your information to carefully selected third parties and other Group companies. By proceeding with this application you signify your consent to such information being processed in this way. If you have any queries, please contact the Company Secretariat at: Equity Insurance Group Limited, Library House, New Road, Brentwood, Essex, CM14 4GD.

DECLARATION I/We understand that you will pass the information on this form and about any incident I/we may give details of to IDS Ltd, MCL Software Ltd and 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 incident I/we have given details of, IDS Ltd, MCL Software Ltd and ABI may pass you information they have received from other insurers about incidents anyone insured to drive the vehicle covered under the policy have been involved in. I/We declare that the answers given above and (on which the Underwriters will rely in deciding whether to accept the risk and in fixing the premium) are true to the best of my/our knowledge and belief, and that the vehicle(s) described is/are in roadworthy condition and that no information has been withheld by me/us that might influence the Underwriters acceptance and assessment of this insurance, and to accept a policy subject to its terms and conditions and exceptions. I/We also agree that if anything on this form has been written by another person, he or she acted as my/our agent for that purpose. I/We hereby consent to any information you may have about me/us being processed by you for the purpose of providing insurance and claims handling, which may necessitate your providing such information to third parties.

BEFORE SIGNING THIS DOCUMENT PLEASE READ NOTES BELOW

Date:

Signature:

IMPORTANT NOTES

- WARNING:** If you are in any doubt about a particular fact(s) being material to this insurance you should disclose it/them. Failure to disclose all material information may result in the insurance being void from inception - leaving you without insurance cover. You should keep a complete record (including copies of all letters) of all information supplied to Underwriters for the purpose of entering into this Contract of Insurance.
- At your request a copy of this completed form will be supplied to you, provided the request is made within a period of three months after its completion.
- Underwriters liability does not operate until acceptance has been notified or a Cover Note delivered to the insured. If the Proposal should disclose any special features the Underwriters may quote special terms and they reserve the right to decline a proposal.
- Details of full Policy Terms will be supplied upon request.

NOTICE

Insurers pass information to the claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd), the Hunter Database, run by MCL Software Ltd and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also 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 (such as accident or theft) which may or may not give rise to a claim. When you tell us about an incident, we will pass information relating to it to the registers. Your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers' Information Centre (MIIC). MID data may be used by the DVLA and DVLNI for the purpose of Electronic Vehicle Licensing and by 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. If you are involved in an accident (in the UK or abroad), other UK insurers' Bureau and MIIC may search the MID to obtain relevant policy information. Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID. You can find out more about this from your insurer or at www.miic.org.uk You should show this notice to anyone insured to drive the vehicle covered under the policy.

ADDITIONAL INFORMATION (use a separate sheet of paper where necessary)



Send to: **Unity Insurance Services**, Lancing Business Park, Lancing, West Sussex, BN15 8UG. Tel: 0845 0945 703 Fax: 01903 751044