

Motor Fleet Proposal Form

Accuracy & Honesty Warning

You must answer all questions accurately and honestly. If you have made any misrepresentation AXA may have the right to repudiate liability, or limit the amount payable under any claim, or terminate the contract of insurance on giving you reasonable notice. As a result, you may also find it difficult to arrange this type of insurance in the future.

1. PROPOSER

Full Name or Company Name			
Risk Address			
Business or Trade			
UID No:		No. of Years Trading	

2. VEHICLE(S)

Total number of Vehicles owned or hired by the Proposer (please insert number in each applicable category)

Private Cars	CV's up to 3.5Tonne	3.5- 7.5 tonne	7.5 - 18 tonne	over 18 tonne	Special Types	Trailers	Mini Buses

Please complete Full Vehicle Details in the Schedule attached	Yes	No
(a) Are the vehicles owned and registered to you, the Proposer?		
(b) Are all vehicles kept at the above address overnight?		
(c) Are all trailers / Special Types locked in a secure area overnight?		
(d) Are all vehicles and trailers to the maker's specification without modification?		

If answer is No , please give details:-	
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3. USE

If yes, give details	Yes	No	Details:
a) Will any tankers or tanker trailers be used for to carry any bulk substances?			
(b) Will the vehicle or trailers be used for the carriage of explosive, corrosive, toxic, inflammable, radioactive or other hazardous substance?			
(c) Will any vehicle be used "airside" or in close proximity to aircraft?			
(d) Will goods be carried for hire and/or reward?			
(e) Will any of the vehicles be used on the Continent of Europe?			
f) Will the vehicle be used for Hire & Reward?			
g) Will any vehicle be HIRED out to other operators?			
h) Are any public service vehicles used on scheduled services? If yes provide details			

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4. DRIVER(S)

This insurance automatically provides cover for drivers aged 25-70, with a full licence, with authority to drive the vehicle(s) listed, and with no accidents, claims, convictions.

Should you require cover for any other driver, please give details below.

	Driver	Driving Licence Full/Provisional	Class(es) of Vehicles Driven	Please provide details of any claims or convictions:
1				
1				
3				
4				
5				
6				

4. DRIVER HISTORY

Have you or any person who, to your knowledge, will drive;

(a) In the last ten years;	Yes	No
1. Had a proposal for motor insurance refused		
2. Had a policy of insurance cancelled by an Insurer (excluding cancellation due to non payment of premium)		
3. Had any special terms/conditions/restrictions imposed on a policy or been asked to pay an increased premium by an Insurer		
4. Had an insurance claim declined/refused by an Insurer		
5. Had an insurance company refused to offer renewal terms		
(b) In the last five years;		
1. Had any claims, accidents, losses or had a claim declined whether insured or not?		
(c) In the last ten years;		
1. been convicted of or fined for any motoring offence except parking tickets?		
2. had any prosecution pending for any motoring offence?		
3. been disqualified from driving or obtaining a licence?		
3. Had any special terms/conditions/restrictions imposed on a policy or been asked to pay an increased premium by an Insurer		
4. had a licence endorsed, or required to be endorsed?		
(d) Have any health or fitness condition or use any medications or drugs that must be notified on a		
(e) Do you check drivers licences annually?		

If YES to any of above, provide details below:

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5. INSURANCE HISTORY

(a) Current/Last Insurer and policy number	
(b) When does/did that Insurance expire?	
(c) Number of years No Claims Discount entitlement	

(Please forward evidence of your claims experience from your previous insurer)

6. COVER AND PROPOSED COMMENCEMENT DATE

Cover to commence at:	Time	Date:
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N.B. Underwriters reserve the right to decline any insurance or to change the premium and terms quoted.

7. DECLARATION

I understand that all of the information I have provided in this Proposal Form is legally binding as a representation made by me to AXA prior to entering into the contract. If I am in any doubt about any aspect of this Proposal Form, or of any alteration or change in circumstance that may arise in the future, I will ask.

PROPOSER'S SIGNATURE:	DATE:
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NOTE: NO COVER ATTACHES UNTIL THE COMPANY HAS ACCEPTED THIS PROPOSAL.

You should keep copies of all correspondence in connection with this insurance. A copy of this proposal is available on request.

DATA PROTECTION NOTICE

AXA's Data Protection Statement contains all the information you need to understand how we use your data. Please go to axa.ie and click the link "Data Protection" or request a copy from your Broker.

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INSURED NAME: **INSERT HERE**

FULL VEHICLE DETAILS SCHEDULE									
NO	YEAR	REG	VEHICLE MAKE	VEHICLE MODEL	BODY TYPE	NCD YEARS	GROSS VEHICLE WEIGHT	VALUE	COVER
1									
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INSURED NAME: **INSERT HERE**

FULL VEHICLE DETAILS SCHEDULE									
NO	YEAR	REG	VEHICLE MAKE	VEHICLE MODEL	BODY TYPE	NCD YEARS	GROSS VEHICLE WEIGHT	VALUE	COVER
31									
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INSURED NAME: **INSERT HERE**

FULL VEHICLE DETAILS SCHEDULE									
NO	YEAR	REG	VEHICLE MAKE	VEHICLE MODEL	BODY TYPE	NCD YEARS	GROSS VEHICLE WEIGHT	VALUE	COVER
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INSURED NAME:

INSERT HERE PLEASE

DRIVER DETAILS SCHEDULE								
NO	Name	Date of Birth	Occupation (Incl Part-Time)	Licence Type (Irish Full or Provisional)	Date Test Passed	Permitted Class of Licence	Is this Person Main Driver (Yes or No)	Details of any Claims/Convictions/Additional Details
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