

# **MOTOR TRADERS COMBINED INSURANCE**

**Proposal Form**  
November 2004 Edition



Be Life Confident

## Important Notice

To apply for the Motor Traders Insurance Policy, complete this Proposal Form in BLOCK CAPITALS using a ball-point pen (blue or black ink). Insurance begins when AXA Insurance has accepted your application.

Section 1 must be completed in all instances. Thereafter please complete only the sections you wish to insure.

You must give full and true answers to all questions. If you do not do so, your insurance cover may not protect you in the event of a claim. You should keep a record of all information supplied to AXA Insurance (including copies of correspondence).

Correct values at risk must be advised to us. If the Sums Insured you request are not adequate this will result in the amount that we pay you in the event of a claim being reduced.

You should disclose all material facts as failure to do so could invalidate the policy. A material fact is information which is likely to influence an insurer in the assessment and acceptance of a risk. You must disclose all material facts about yourself, any other drivers, the vehicle and its use that is known to you at the time of applying for this insurance. If you have any doubt as to whether a fact is material or not then please disclose it now to avoid any chance of invalidating the Policy.

If the space provided is inadequate or you tick a shaded box please supply full details using the Additional Information Section.

A copy of this Proposal can be supplied on request, within a period of 3 months after its completion.

A copy of the Policy is available on request.

AXA Insurance UK plc is authorised and regulated by the Financial Services Authority.

## Law Applicable to Contract

You are free to choose the law applicable to this contract. Your policy will be governed by the law of England and Wales unless you and we have agreed otherwise.

## Section 1 - General Information

### Insured

Full names (Please give full names of partners if not a Limited Company)

Trade or Business

Postal Address

Postcode

Daytime Telephone No.

Email Address

Insurance required from

 (DD/MM/YYYY)

Renewal Date

 (DD/MM/YYYY)

Do you wish to pay by instalments?

 Yes  No

If 'Yes' please complete a Budget Plan Application

The liability of the Company does not commence until acceptance of the Proposal has been confirmed by the Company and in the case of Road Risks cover until an official cover note has been issued.



d) ever been declared bankrupt or are the subject of any current bankruptcy proceedings or any voluntary or mandatory insolvency or winding up procedures?  Yes  No

e) had within the last five years any losses whether insured or not or had any claims made against you (in this or any existing or previous business)?  Yes  No

If 'Yes' please complete Question 7 on Page 5 of this Section and Road Risks - Part A on Page 7

f) ever been the subject of a recovery action by Customs and Excise or the Inland Revenue?  Yes  No

6. Are there any other material facts you should disclose?  Yes  No

Question	Details





## Drivers History

If you tick a shaded box  please give details. If the space provided is inadequate, use the Additional Information section or continue on separate sheet(s).

Please complete the following section if you are taking Road Risks Cover.

Has any person who will drive:

a) in the last three years had any accidents, claims or losses, regardless of blame, in connection with any vehicle owned or driven by them?  Yes  No

b) in the last five years  
i) been convicted of any motoring offence?  Yes  No

ii) had a fixed penalty fine imposed other than for parking?  Yes  No

iii) received a notice of intended prosecution for any motoring offence other than in connection with i) above?  Yes  No

c) at any time been disqualified from driving for any motoring offence?  Yes  No

d) suffered from any physical or mental disability or infirmity, psychiatric illness or mental disorder, heart condition, epilepsy, diabetes, multiple sclerosis, Parkinsons disease, a stroke, brain surgery or tumour or a severe head injury, eye disorder or disease, continued misuse or dependency on alcohol, illicit drugs or chemical substances, or any other condition requiring current treatment involving the habitual use of drugs?  Yes  No

Note all conditions in d) are DVLA notifiable

### (A) Accidents, Claims and Losses

Mr/Mrs Ms. etc.	Name	Date of accident	Own costs	Third party costs	Was NCD prejudiced No/Yes	Was your driver convicted No/Yes	Was your driver at fault No/Yes	Was anyone injured No/Yes	What happened

### (B) and (C) convictions, impending prosecutions and disqualifications (Refer to driving licence if necessary)

Mr/Mrs Ms. etc.	Name	Date of conviction/fixed penalty/impending prosecution	Amount of fine	Endorsement Offence code	Licence endorsed No/Yes	Length of ban Yrs/Mths	Did accident occur? No/Yes

**(D) Disabilities and other conditions (note a medical report may be required)**

Mr/Mrs Ms. etc.	Name	Date diagnosed	Being treated No/Yes	Name(s) of drug(s)	DVLA notified No/Yes	Is licence restricted	Description of disability/condition

**Vehicle Details**

Please list details of the following vehicles which are owned by the Insured or held for sale and are licensed for road use  
 NB - Vehicles belonging to employees are not covered unless they are in the hands of the Insured for overhaul upkeep or repair.

**a) Vehicle used for recovery purposes - please provide details:**

Make	Type of Body	Reg. No.	Estimated Value	Vehicle Capacity

**b) Other vehicles owned, leased or hired-in by the Insured and licensed for road use:**

Make	Model	Reg. No.	Estimated Value

**c) All other vehicles in the possession of the business and licensed for road use, by type:**

Type of Vehicle	Number
Private Cars	
Motor Cars	
Commercial Vehicles under 4 ton plated weight	
Commercial Vehicles over 4 and under 8.5 ton plated weight	
Commercial Vehicles over 8.5 ton plated weight	
Agricultural or Plant Vehicles	
Vehicles with more than 8 seats	





b) Unaccompanied driving by customers of vehicles for demonstration in pursuit of sale of vehicles (providing the customer is over 30 years of age).  Yes  No

NB1 - The standard policy includes Accompanied demonstration  
 NB2 - Theft by the customer is excluded

c) Loan or Hire of Vehicles to customers while their vehicles are with you for service or repair?  Yes  No

NB - This extension is not for Self Drive Hire vehicles

d) Unnamed Relatives/Friends of Named Principals/Directors?  Yes  No

e) Additional Business use?  Yes  No  
 - intended for the professional occupations of the partners, principals, directors and their spouses. Please show details below:

Name	Additional Occupation

### Business Activities

a) For which motor manufacturer(s) are you a main or sub-dealer?

b) Do you undertake vehicle recovery on behalf of the AA, RAC or any other motoring organisation?  Yes  No

If 'Yes' give details.

c) Do you specialise in selling, or repairing or servicing:  Yes  No

i) sports or high performance cars?  Yes  No

ii) cars having a market value in excess of £25,000?  Yes  No

iii) veteran, vintage or classic vehicles?  Yes  No

iv) commercial or public service vehicles?  Yes  No

v) agricultural vehicles or implements?  Yes  No

vi) imported vehicles?  Yes  No

If 'Yes' to any of the above questions please give details:

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### *No Claims Discount*

The renewal notice of your previous insurer must be produced as evidence of No Claims Discount entitlement.

Please indicate whether you have attached proof of No Claims Discount to this Proposal

Yes  No

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### *How Many Certificates of Insurance do you Require?*

Please insert number

## Section 3 - Property - All Risks Cover

### Basis of Cover

Premises and sums to be insured.

Standard Construction means premises built of brick, stone or concrete and roofed with slates, tiles, concrete, metal, asbestos or sheets or slabs composed entirely of incombustible mineral ingredients and plastic roof lights.

#### 1. Premises Insured

Address


Postcode

#### 2. Property to be Insured

a) Buildings

£

b) Contents (excluding property in c, d, e, f, g and i below)

£

c) i) Stock (including cigarettes and tobacco / limit £1,000, radio and other audio goods / limit £1,000. Higher amounts must be shown separately) excluding property in ii), d, e, g and i below)

£

ii) Stock of tyres

£

d) Vehicles the property of or leased in by you or held by you on consignment

£

e) Customers' Vehicles (including contents limit £1,000 in any one vehicle) accessories or spare parts thereon or therein in your custody or control

£

f) Portable tools belonging to you, the directors or employees or for which you are responsible

£

g) Underground fuel tanks and their contents

£

h) Electronic office equipment (i.e: computers and peripheral equipment, fax machines, photocopiers and word processors)

£

Are any items included under h) valued in excess of £5,000?

Yes  No

If 'Yes' please list these with values on page 15

i) Other Property (please specify)

#### 3. Occupation

How do you occupy the premises?  
(tick as appropriate)

Workshop

Showroom

Office

Other

Please specify

**4. Construction**

a) Are the premises of standard construction?  Yes  No

b) If 'No' are they lined with combustible wall linings or sandwich panels? If 'Yes' please advise details of extent and type

c) If 'No' to a) and b) above please give details of construction

**5. Heating**

Please state method of heating premises

6. Are the premises in a position or area likely to be subject to flooding or where flooding has occurred?  Yes  No

7. Has the electrical installation been inspected by a qualified engineer during the last 5 years?  Yes  No

8. Do you wish to extend your cover to include subsidence?  Yes  No

If 'Yes'

a) Has the property or any adjacent property previously suffered damage from subsidence?  Yes  No

b) Are there visible signs of cracking?  Yes  No

c) Is the property erected on made up ground?  Yes  No

d) Are there trees within 5 metres of the property?  Yes  No

e) Are there any elm, poplar or willow trees within 10 metres of the property?  Yes  No

If a structural survey has recently been carried out please attach a copy

9. Are the premises protected by an intruder alarm?

If 'Yes'

a) Name of installer

b) Method of signalling  
Bells only

Digital Communicator

BT Red Care

Other - Please Specify

**10. Vehicle Security**

i) Are vehicle ignition keys removed when vehicle/premises are left unattended?  Yes  No

ii) Are vehicles not contained in locked buildings securely locked when the premises are left unattended?  Yes  No

**11. Additional Premises**

Are any additional premises to be insured?  Yes  No

If 'Yes' please complete additional premises information sheet(s)

**SUMS INSURED Please make sure your Sums Insured allow for:****Buildings**

- Pippings ducting cables wires and associated control gear on the premises extending to the public main but only to the extent of your responsibility
- Fixed glass, fixed signs and canopies
- Architects surveyors legal and consulting engineers fees
- Landlords fixtures and fittings
- Outbuildings kiosks and annexes
- Yards car parks and pavements
- Debris removal costs
- Walls gates and fences

**Contents**

- Machinery and plant
- Tenants improvements
- Fuel installation pumps
- Debris removal costs
- Legal and consulting engineers fees
- Contents of outbuildings
- Property held in trust

**REINSTATEMENT VALUE**

The Sum Insured under Buildings and Contents should represent the reinstatement (replacement as new) value as losses will be settled on this basis unless we advise you to the contrary on acceptance of this Proposal.

**Stock And Materials In Trade**

- Property held in trust
- Debris removal costs

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## Section 4 - Business Interruption and Loss of Accounts Receivable

### *Basis of Cover*

Premises and sums to be insured  
(please refer to previous pages)

**1. Premises Insured**

The cover will apply to the same addresses as those listed in the Material Damage Section

**2. Sums Insured**

a) Estimated Gross Profit

£

b) This Section automatically includes cover for Loss of Accounts Receivable Sum Insured £50,000.

If you want to increase this please state the extra amount required

£

**3. Uninsured Working Expenses**

Please list the expenses you are not insuring under item 2a); bad debts purchases and:

**4. Maximum Indemnity Period**

Please state Maximum Indemnity Period required  months (min. 12 months)  
Where the indemnity period exceeds 12 months the Sum Insured should be increased proportionately

Cover automatically includes the following extensions in cover. Limit 10% of the Estimated Gross Profit

- 1) Premises (other than your own) where property is stored.
- 2) Exhibition sites.
- 3) Premises of any public supply undertaking from which you obtain electricity, gas, water or telecommunications services.
- 4) Suppliers Premises (not Motor Vehicle Manufacturers) e.g. parts, accessories and fuel supplies.
- 5) Customers Premises.

If the 10% limit is inadequate please state the limit required together with the full name and address, including postcode, for Extensions 1, 4 and 5.

The following optional extensions in cover are available. Please indicate  if you require cover  
If you answer 'Yes' to 1 please give the full name and address including postcode.

	Cover Required	
<b>1) Motor Vehicle Manufacturers</b>	<input type="checkbox"/> Yes	<input type="text"/> % of Estimated Gross Profit
	<input type="text"/>	
	<input type="text"/>	
<b>2) Goods in Transit</b>	<input type="checkbox"/> Yes	<input type="text"/> % of Estimated Gross Profit
<b>3) Motor Vehicles used for your business</b>	<input type="checkbox"/> Yes	<input type="text"/> % of Estimated Gross Profit
<b>4) Loss of MOT testing licence</b>	<input type="checkbox"/> Yes	
<b>If 'Yes'</b>		
<b>i) Have you or any principal or director received a final warning in the last 5 years or are currently under threat of suspension or withdrawal?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If 'Yes' please give details on page 25</b>		
<b>ii) What limit of cover do you require? (maximum £250,000)</b>	£	<input type="text"/>

**Section 5 - All Risks - Selected Articles**

*Basis of Cover*

Details of Articles to be Insured	Sum Insured £
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please indicate cover required by ticking box 1,2,3 or 4

- 1 Premises only
- 2 Europe
- 3 Great Britain
- 4 Worldwide

## Section 6 - Money

### *Basis of Cover*

#### *Limits*

#### Limits Required

For any loss of Money (other than crossed cheques and cancelled National Insurance stamps)

1. In transit or in a bank night safe or from the premises during Business Hours £

2. From the premises out of Business Hours in the undernoted locked safe or strongrooms £

Show makers name and model number


3. From the premises out of Business Hours or at the residence of any principal or authorised employee £500 maximum per premises £

Maximum amount of money carried by one person £

#### *Estimates*

1. Estimated annual amount of notes and coins in transit £

2. Does the above include money relating to all your premises?  Yes  No

If the answer is 'No' please specify why


#### *Personal Accident - Assault*

The standard cover under this Section is £10,000 (capital sums) and £100 (weekly benefit for Temporary Total Disablement). Do you wish to increase these limits?  Yes  No

If the answer is 'Yes' please state limits required (maximum £30,000 capital sums and £300 per week)

1. Capital sums £

2. Temporary total disablement (weekly benefit) £



## General Question

Give full details of precautions taken for the safety of the money

a) at the premises or sites  
(excluding money in a locked safe)

b) in transit

## Wrongful Conversion

Do you require cover?

 Yes  No

If 'Yes' please indicate  limit required

£10,000       £15,000       £20,000       £25,000

Do you subscribe to

i) HP Information?

 Yes  No

ii) Equifax Gold Check?

 Yes  No

iii) Another body?

 Yes  No

If 'Yes' to iii) please give details



## Section 7 - Liability

### Basis of Cover

Please tick appropriate box to indicate the cover required

Employers Liability

 Yes  No

LIMIT OF INDEMNITY

£10,000,000

Do you wish us to consider a higher amount?

 Yes  No

If 'Yes' please specify amount

£

Public/Product Liability

 Yes  No

£5,000,000

For Product Liability insurance, this is the limit for any one period of insurance

Do you wish us to consider a higher amount?

 Yes  No

If 'Yes' please specify amount

£

### Your Business

Please give details of work undertaken

## General Questions - Liability

1. Does your trade or business involve the discharge of effluent, fumes or anything of a noxious nature?  Yes  No
2. Do you handle, use, store or transport any of the following:
- a) asbestos or silica or materials containing these substances?  Yes  No
- b) isocyanates?  Yes  No
- c) dioxins?  Yes  No
- d) radioactive substances or other sources of ionising radiations?  Yes  No
- e) acids, gases, chemicals, explosives, or other toxic, dangerous or waste substances?  Yes  No
3. Are your premises in a good state of repair?  Yes  No
4. Is your machinery and plant (including mechanically propelled plant) properly fenced, guarded and in good order and where appropriate inspected in accordance with statutory requirements?  Yes  No
5. Is there a written Health and Safety Policy in place, which is regularly updated, and are all employees aware of its content?  Yes  No
6. Have workplace risk assessments been carried out as required by the Management of Health and Safety at Work Regulations 1992 or other specific legislation eg Control of Substances Hazardous to Health Regulations 1988 (COSHH), Noise etc and where appropriate relevant action taken?  Yes  No
7. Do you work on or in aircraft operational areas, waterborne craft, offshore nuclear installations, petro-chemical works or power stations?  Yes  No
8. Do you use oxy-acetylene or similar welding or flame cutting equipment, angle grinders, blow lamps or blow torches, flame guns, hot air guns or other heat producing equipment away from your premises?  Yes  No
9. Have you received notification or have you pending a claim for alleged deafness as a result of noise or any other industrial-related disease claim or incident?  Yes  No
10. Has any prosecution, prohibition notice or improvement order been made against you under any Health and Safety legislation during the last 5 years?  Yes  No
11. Do you undertake manual work outside the UK?  Yes  No

If you have ticked a shaded box  please give details below.

If the space provided is inadequate use the Additional Information section

## Public Liability, Servicing and Sale of Goods Questions

1. If you are involved in the sale of vehicles please advise

a) Turnover for new vehicles

£

b) Turnover for secondhand vehicles

£

2. If you sell or repair commercial vehicles, contractors plant or passenger carrying vehicles please advise

a) Turnover for sales

£

b) Turnover for repairs

£

3. a) If your business includes tyre/exhaust filling please advise turnover

£

b) Do you or does anyone on your behalf undertake remoulding and/or retreading of tyres?

Yes

No

c) Do you supply part worn or specialist tyres?

Yes

No

d) Do you supply tyres imported from Eastern Europe or Asia?

Yes

No

4. Do you import any products materials or components? If 'Yes' state the percentage of turnover from

a) EC Countries

%

b) elsewhere

%

5. Are there circumstances where you

a) would be unable to identify your supplier?

Yes

No

b) would be unable to enforce rights of recourse against your supplier?

Yes

No

c) are requested to provide an indemnity to customers?

Yes

No

6. Are any products intended for installation in or to form part of aircraft or water-borne craft?

Yes

No

7. Do you export any goods or materials?

Yes

No

8. Do you manufacture or remanufacture or refurbish vehicle parts or accessories?

Yes

No

If you have ticked a shaded box  please give details below

If the space provided is inadequate use the Additional Information section

## Employers Liability, Public Liability, Servicing and Sale of Goods

Please advise the average number of persons employed within the following categories:

- 1. Partners, principals, proprietors
- 2. Clerical employees
- 3. Youth Training Scheme employees
- 4. All other employees

### Wages and Salaries

Description of Work	Persons Employed	Partners / Principals / Proprietors
A. Clerical, sales, managerial and non-manual work	£ <input type="text"/>	£ <input type="text"/>
B. Storemen, drivers, cleaners, pump attendants	£ <input type="text"/>	£ <input type="text"/>
C. Work away involving the use of heat equipment	£ <input type="text"/>	£ <input type="text"/>
D. Work away not involving the use of heat equipment	£ <input type="text"/>	£ <input type="text"/>
E. Windscreen fitting	£ <input type="text"/>	£ <input type="text"/>
F. Servicing and repair of commercial vehicles, not involving (C) and (D) above	£ <input type="text"/>	£ <input type="text"/>
G. Servicing and repair of all other vehicles not involving (C) and (D) above	£ <input type="text"/>	£ <input type="text"/>
H. All other work (please give details of each category)	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Date your last financial year ended

1. How many Employers Liability certificates of insurance do you require? Insert number required

## Section 8 - Engineering

### *Basis of Cover*

Under this section you should select the cover you require by ticking the appropriate boxes below

- Cover required
- a) Inspection only
  - b) Fragmentation
  - c) Explosion, Collapse, Cracking and Overheating of boilers or pressure vessels
  - d) Breakdown

### *Property Insured*

a) Where All Machinery and Plant is Insured  Replacement value of all plant and machinery £

Is any single item of machinery and plant over 20 years of age?  Yes  No

If 'Yes' please provide details

b) Where specified items of Machinery and Plant are to be insured

Please provide a list of Plant

Full Description of Plant	Year Made	Identification Serial No.	Reg. No. if Applicable	Makers Name	Capacity*

Capacity\* for boilers kw/btus for Pressure Plant, length and diameter of vessel; for lifts No. of floors served; for lifting machinery Safe Working Load; for mechanical and Electrical Machines kw or hp and New Replacement Value

### *Excess Level*

The standard policy excess is £100. Excess required if different from standard (please tick)  £250  £500

### *Limit of Indemnity*

Standard policy limits apply

Fragmentation	£250,000
Explosion/Breakdown/Sudden and Unforeseen damage	£250,000
Explosion damage to Own Surrounding Property	£1,000,000

If increased Limits are required please indicate

Fragmentation £

Explosion/Breakdown/Sudden and Unforeseen damage £

Explosion damage to Own Surrounding Property £

**LOCATION OF INSURED PLANT**

The cover provided by the Engineering Section comprises fragmentation, explosion and breakdown cover (as defined in the policy). If inspection cover has been requested to ensure that we provide an efficient service to you it is important that you provide us with the correct addresses and telephone numbers for premises (see page 2 of this Proposal).

## Section 9 - Computer

### Basis of Cover

#### 1) Computer Equipment

Description	Make	Model No.	Date of Manufacture	New Replacement Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Limit Required**

2) Reinstatement of Data £

3) Increased Cost of Working £

- a) Is all Computer Equipment the subject of a maintenance contract which provides a minimum service of on call remedial and/or corrective maintenance at inclusive costs?  Yes  No
- b) Do you back-up Computer Records at least every seven days?  Yes  No
- c) Do you store duplicate software and Computer Records away from the premises?  Yes  No

## Section 10 - Group Personal Accident and / or Sickness Insurance

Cover Required  
Please tick appropriate box

Group PA work hours only

Group PA 24 hour basis

Group PA and sickness 24 hour cover



f) any hazardous Leisure activities?

Yes  No

If 'Yes' please give details

6. Has any person ever suffered from diabetes, rheumatism, tuberculosis, or any ailment connected with the heart, any nervous ailments, stress or fits?

Yes  No

If 'Yes' please provide details

7. Please state fully what other illnesses, operations or bodily injuries (except childhood ailments) any person has suffered necessitating any medical attention.

Please provide details

8. Has any person proposed for life assurance?

Yes  No

If 'Yes' was this accepted;  
a) at normal rates?

Yes  No

b) extra rate?

Yes  No

c) withdrawn, deferred or declined?

Yes  No

## Section 11 - Additional Insurances

### Terrorism

Do you require this cover where cover is operative in respect of:

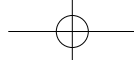
a) Property and All Risks Selected Articles

Yes  No

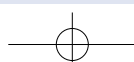
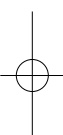
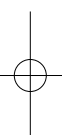
b) Business Interruption and Loss of Accounts Receivable additionally

Yes  No





## Section 12 - Additional Information



## Declaration

If you have not given full and true answers to all questions asked on this Proposal, your insurance may not protect you in the event of a claim. If you wish to disclose something that has not been disclosed elsewhere in this Proposal, please use the box provided here.

Before signing the Declaration, please read the notices on this page about the Claims and Underwriting Exchange Register and Data Protection Act.

## Claims and Underwriting Exchange Register

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS 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. Under the conditions of your policy you must tell us about any incident (such as an 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 register.

Your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers Information Centre (MIIC). 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, the Motor Insurers' Bureau and MIIC 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 Licensing
- 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 its use by contacting AXA or at [www.mic.org.uk](http://www.mic.org.uk).

## Data Protection Notice

AXA Insurance UK plc is a member of the AXA Group. To set up and administer your policy we will hold and use information including sensitive personal information (sensitive personal information may include such things as criminal convictions and health information) about you supplied by you. We may send it in confidence for processing to other companies in the AXA Group (or companies acting on our instructions) including those located outside the European Economic Area. By signing this form you consent to such use of your personal data including any sensitive personal data.

AXA Insurance UK plc may send you details of our other products and services.

To enable them to send you details of their products and services, we may also share your name and address with:

- other AXA companies within the European Economic Area
- other carefully selected companies outside the AXA Group.

You may be contacted in writing or by telephone or fax. If you do not wish to receive such details please tick the appropriate box(es).

## Declaration

I/We consent to the seeking of information from other insurers to check the answers I/We have provided on this form and on any claim I/We may make being supplied to the IDS Ltd, ABI and Motor Insurance Database so that it can be made available to other insurers. I/We also agree that in response to any searches you make in connection with this application or any claim IDS Ltd, ABI or the MIIC may supply information it has received from other insurers about other claims I/We have made.

I/We understand that any material fact, which is information that may influence the Company in the acceptance of this insurance and the terms provided, has been disclosed and recorded.

I/We understand that if true answers have not been given that this insurance may not protect me/us in the event of a claim.

I/We declare that to the best of my/our knowledge and belief the answers and particulars given on this proposal, whether made by me/us or on my/our behalf are true and complete, and that I/we have not withheld any material information and that any vehicle described is in good condition. Failure to disclose such information may result in claims not being met. I/We agree to accept the insurance policy provided by AXA Insurance UK plc.

Signature of Proposer

Name

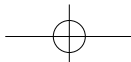
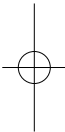
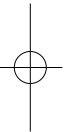
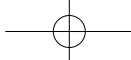
Position in Company

Date

 (DD/MM/YYYY)

This Proposal Form must be submitted to the Company within 7 days of inception. Failure to do so will result in cover being effective only from the date it is received and accepted by the Company. Incorrect or misleading information, such as inappropriate business description or trade type, or incorrect completion of the Proposal Form will render the cover ineffective.

No cover is in force until the Proposal has been accepted by AXA Insurance UK plc.



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