

MULTIPLAN PROPOSAL FORM



**** INCOMPLETE PROPOSAL FORMS WILL BE RETURNED AND MAY DELAY THE ISSUE OF YOUR ANNUAL DOCUMENTS ****

1. PROPOSER

PROPOSER / COMPANY NAME / TRADING TITLE
(PLEASE ENSURE FULL & CORRECT TITLE IS PROVIDED) _____

RISK / BUSINESS ADDRESS: _____

DESCRIPTION OF BUSINESS/OCCUPATION OR TRADE: _____

DATE OF BIRTH: ____ / ____ / ____ PHONE/CONTACT NO: _____ RENEWAL DATE: ____ / ____ / ____

NO OF YEARS IN BUSINESS: _____ VAT REG NO: _____ NATIONAL FLEET DATABASE UID: _____

2. VEHICLES - COVER REQUIRED Yes No **AS PER SCHEDULE ATTACHED** (MUST INCLUDE THE BELOW INFORMATION)

REG NUMBER	MAKE / MODEL	TYPE OF BODY	YEAR OF MAKE	CARRYING CAPACITY (TON)	GROSS VEHICLE WEIGHT (TON)	USE: HIRE & REWARD / OWN GOODS	ESTIMATED PRESENT VALUE	TERRITORIAL LIMITS IRL/UK OR IRL/UK/EU	COVER: TPO / AD / TPF&T / COMP	EARNED NO CLAIMS BONUS
							€			
							€			
							€			
							€			
							€			
							€			
							€			

1) WHAT IS THE TOTAL NUMBER OF THE FOLLOWING TYPE OF VEHICLES OWNED / OPERATED BY YOU?
HAULAGE VEHICLES _____ OWN GOODS VEHICLES _____ SPECIAL TYPES _____ PRIVATE CARS _____

2) HAS A CERTIFICATE OF ROADWORTHINESS BEEN ISSUED IN RESPECT OF ALL VEHICLES/TRAILERS WHICH ARE SUBJECT TO STATUTORY VEHICLE TESTING REGULATIONS AND ARE BEING PROPOSED FOR THIS INSURANCE? YES NO

3) ARE ALL THE PROPOSED VEHICLES REGISTERED IN YOUR NAME AND OWNED BY YOU? YES NO

4) IS THERE A CRANE, HOIST, OR ANY OTHER TYPE OF LIFTING EQUIPMENT ATTACHED TO ANY OF THE ABOVE VEHICLES? YES NO
IF YES PLEASE SPECIFY THE SPLIT IN VALUE BETWEEN VEHICLE AND ATTACHMENT? _____
IF YES PLEASE SPECIFY TYPE OF EQUIPMENT & USE? _____

5) HAS ANY VEHICLE OR TRAILER BEEN MODIFIED/ADAPTED/CONVERTED FROM THE MANUFACTURERS SPECIFICATIONS? YES NO

6) ARE ANY OF THE PROPOSED VEHICLES LEFT HAND DRIVES? (IF SO PLEASE CONFIRM WHICH VEHICLES) YES NO

7) WILL ANY OF THE PROPOSED VEHICLES BE USED 'AIRSIDE' OR IN CLOSE PROXIMITY TO ANY AIRCRAFT? YES NO

3. TRAILERS - COVER REQUIRED Yes No **AS PER SCHEDULE ATTACHED** (MUST INCLUDE THE BELOW INFORMATION)

TOTAL NO. OF TRAILERS OWNED BY YOU _____ TOTAL NO. OF TRAILERS TO BE COVERED _____

OWN (SPECIFIED) <u>OR</u> THIRD PARTY (UNSPECIFIED)	MAKE/MODEL	SERIAL NO (OWN TRAILERS)	TIPPING TRAILER?	COVER REQUIRED: TPO / TPF&T / COMP	ESTIMATED PRESENT VALUE:
			YES <input type="checkbox"/> NO <input type="checkbox"/>		€
			YES <input type="checkbox"/> NO <input type="checkbox"/>		€
			YES <input type="checkbox"/> NO <input type="checkbox"/>		€
			YES <input type="checkbox"/> NO <input type="checkbox"/>		€

4. ACCIDENTS / CLAIMS **AS PER ATTACHED CLAIMS EXPERIENCE**

GIVE BRIEF DETAILS OF ALL ACCIDENTS, CLAIMS & LOSSES, WHETHER TO BLAME OR NOT, DURING THE LAST 5 YEARS RELATING TO ALL TYPES OF COVER FOR VEHICLES / TRAILERS OWNED, OPERATED OR DRIVEN BY YOU

DATE OF ACCIDENT	SETTLED AMOUNT	OUTSTANDING RESERVE	MOTOR / TRAILER CLAIMS - GIVE BRIEF DETAILS OF EACH OCCURRENCE (IF INSUFFICIENT SPACE, PLEASE USE A SEPARATE SHEET OR ATTACH CLAIMS EXPERIENCE)
	€	€	
	€	€	
	€	€	

5. DRIVERS

1) DO YOU CHECK LICENCE & ACCIDENT HISTORY FOR ALL EMPLOYEES INCLUDING PART-TIME / AGENCY DRIVERS? Yes No
 IF 'NO' PLEASE PROVIDE EXPLANATION: _____

2) **ARE THERE ANY DRIVERS (I.E. YOU, DIRECTORS, EMPLOYEES OR ANY OTHER PERSON WHO TO YOUR KNOWLEDGE WILL EVER DRIVE)**

A. WHO ARE UNDER 25 YRS OLD, OVER 70 YEARS OLD OR WHO HOLD A PROVISIONAL LICENCE? (IF 'YES' PROVIDE DETAILS BELOW) Yes No

DRIVERS NAME	DATE OF BIRTH	TYPE OF EU LICENCE	CATEGORY OF LICENCE
		FULL <input type="checkbox"/> PROV <input type="checkbox"/>	
		FULL <input type="checkbox"/> PROV <input type="checkbox"/>	

B. WHO HAVE ANY CRIMINAL OR MOTOR CONVICTIONS OR PROSECUTIONS, PENDING OR OTHERWISE? (IF 'YES' PROVIDE DETAILS BELOW) Yes No

C. WHO SUFFER OR HAVE SUFFERED FROM ANY LOSS OF LIMB OR EYE, DEFECTIVE VISION OR HEARING, A HEART / DIABETIC / EPILEPTIC CONDITION OR ANY OTHER INFIRMITY THAT MAY AFFECT THEIR ABILITY TO DRIVE? (IF 'YES' PROVIDE DETAILS BELOW) Yes No

DRIVERS NAME	DETAILS OF INCIDENT / OFFENCE / INFIRMITY	LICENCE AUTHORITY ADVISED?
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>

D. WHO CURRENTLY HAVE 4 OR MORE PENALTY POINTS &/OR HAVE HAD ANY ACCIDENTS OR CLAIMS IN THE LAST 5 YEARS? Yes No
 IF 'YES' PLEASE PROVIDE DRIVER DETAILS BELOW OR FOR RISKS WITH 6 OR MORE VEHICLES PLEASE COMPLETE THE FOLLOWING 3 QUESTIONS:

- ARE THERE ANY DRIVERS WHO HAVE HAD ACCIDENTS OR CLAIMS PRIOR TO THIS EMPLOYMENT OR ACCIDENTS / CLAIMS THAT ARE NOT SHOWN ON THE CLAIMS EXPERIENCE? (IF YES PROVIDE DETAILS BELOW) Yes No
- ARE THERE ANY DRIVERS WHO HAVE HAD MORE THAN ONE ACCIDENT / CLAIM? (IF YES PROVIDE DETAILS BELOW) Yes No
- ARE THERE ANY DRIVERS WHO HAVE MORE THAN 4 PENALTY POINTS? (IF YES PROVIDE DETAILS BELOW) Yes No

DRIVERS NAME	DETAILS OF ACCIDENT / CLAIM / PENALTY POINTS (PROVIDE SEPARATE SHEET IF REQUIRED)

****PLEASE PROVIDE COPY OF DRIVERS LICENCE FOR PROPOSER AND ANY DRIVERS OUTSIDE OF THE OPEN DRIVER CRITERIA****

6. GOODS DECLARATION **** N.B. THIS SECTION MUST BE COMPLETED ****

1) WHAT TYPE OF GOODS WILL NORMALLY BE CARRIED: _____
 (PLEASE BE SPECIFIC)

2) **HAZARDOUS GOODS:** DO YOU EVER CARRY ANY HAZARDOUS GOODS / CHEMICALS? Yes No
 IF YES TO THE ABOVE PLEASE SPECIFY TYPE AND CLASSIFICATION: _____

MAX PERCENTAGE OF ANY ONE LOAD THAT WOULD CONSIST OF HAZARDOUS GOODS / CHEMICALS: _____ %

7. GAP IN COVER (ONLY TO BE COMPLETED IF THERE HAS BEEN A BREAK IN COVER)

I HEREBY CONFIRM THAT I HAVE NOT HELD MOTOR INSURANCE SINCE THE EXPIRY OF MY POLICY ON ____ / ____ / ____

BECAUSE _____

DURING THIS TIME I HAVE NOT BEEN INVOLVED IN ANY ACCIDENTS OR CLAIMS, INCURRED ANY CONVICTIONS OR PENALTY POINTS AND I HAVE NO PENDING PROSECUTIONS.

SIGNATURE: _____

DATE: _____

8. COVER (EFFECTIVE DATE & TIME)

COVER REQUIRED WITH EFFECT FROM ____ : ____ HRS ON THE ____ / ____ / ____

9. DECLARATION

HAVE YOU, ANY OF YOUR DIRECTORS OR PARTNERS EVER:

- OWNED, BEEN INVOLVED IN OR HAD DIRECTORSHIP OF ANOTHER COMPANY? Yes No

IF YES PROVIDE DETAILS: _____

- HAD A PROPOSAL FOR INSURANCE DECLINED, RENEWAL REFUSED, COVER TERMINATED, SPECIAL TERMS/CONDITIONS IMPOSED BY ANY INSURER? Yes No

IF YES PROVIDE DETAILS: _____

- I/WE DECLARE TO THE BEST OF MY/OUR KNOWLEDGE & BELIEF THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE IN EVERY RESPECT
- I/WE ALSO DECLARE THAT IF ANYTHING ON THIS FORM WAS WRITTEN BY ANOTHER PERSON HE OR SHE ACTED AS MY/OUR AGENT FOR THIS PURPOSE
- I/WE AGREE THAT THIS PROPOSAL AND DECLARATION SHALL BE THE BASIS OF THE CONTRACT BETWEEN ME/US AND THE UNDERWRITERS WHO ARE ACTING ON BEHALF OF THE PARTICIPATING INSURERS
- I/WE DECLARE THAT I/WE WILL NOT KNOWINGLY CARRY OR STORE ANY HAZARDOUS GOODS OR CHEMICALS AS DEFINED IN THE EUROPEAN AGREEMENT FOR THE CARRIAGE OF DANGEROUS CHEMICALS BY ROAD (ADR), UNLESS THE DETAILS OF WHICH HAVE BEEN DISCLOSED TO AND AGREED BY INSURERS.
- I / WE HEREBY AUTHORISE THE LICENCE AUTHORITY TO RELEASE ANY INFORMATION OF MY/OUR LICENCE RECORDS TO WRIGHTWAY UNDERWRITING LIMITED

PROPOSERS SIGNATURE: _____

DATE: _____

NOTE: IF THE RISK IS A LIMITED COMPANY THE PROPOSAL FORM MUST BE SIGNED BY A DIRECTOR OF THE COMPANY

PRINT NAME: _____

POSITION HELD IN COMPANY: _____

(IF THE RISK IS A LIMITED COMPANY)

IMPORTANT NOTICE: FAILURE TO DISCLOSE MATERIAL FACTS COULD RESULT IN YOUR CONTACT BEING INVALIDATED. MATERIAL FACTS ARE THOSE FACTS WHICH MIGHT INFLUENCE THE ACCEPTANCE OR ASSESSMENT OF YOUR PROPOSAL. IF YOU ARE IN DOUBT AS TO WHETHER A FACT IS MATERIAL YOU SHOULD DISCLOSE IT. A COPY OF THIS PROPOSAL FORM IS AVAILABLE ON WRITTEN REQUEST WITHIN THREE MONTHS FROM THE INCEPTION DATE OF THE POLICY(S)

QUICK CHECK LIST

- ARE ALL THE QUESTIONS FULLY ANSWERED, INCLUDING SECTION 8 – GOODS DECLARATION?
- IS THE SCHEDULE OF VEHICLES & / TRAILERS ATTACHED (IF DETAILS HAVE NOT BEEN COMPLETED ON THE PROPOSAL FORM)?
- IS THE FULL & COMPLETE OFFICIAL CLAIMS EXPERIENCE OR ORIGINAL NO CLAIMS BONUS ATTACHED?
- IS A COPY OF THE PROPOSERS DRIVING LICENCE (FRONT & BACK) ATTACHED?
- ARE COPIES OF DRIVERS LICENCES (FRONT & BACK) FOR ANY DRIVERS OUTSIDE THE OPEN DRIVING CRITERIA ATTACHED?
- IS THE GAP IN COVER COMPLETE (IF THERE HAS BEEN A BREAK IN COVER)?
- IS THE PROPOSAL FORM SIGNED & DATED BY THE INSURED?
- IS ALL OTHER SUPPORTING DOCUMENTATION ATTACHED (IF REQUIRED)?