

# Agricultural Motor Fleet Insurance Proposal Form

## For Cornish Mutual use only

Inspector's No. /Member No	Start Date	Quoted premium £	New Policy No AF	Number of policy to be cancelled or amended
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### Details of the proposer(s)

Full name:	
Full name:	
Trading name (if any)	
Correspondence address:	
Tel:	Mobile:
Fax:	Email:
Business or occupation	
Company website address (if any):	

### Details of Vehicles

Registration No. / Identification No.	Make	Model (full details required)	Body Type e.g. Car, Van, Tipper etc.	Engine Size c.c.	Gross Vehicle Weight GVW.	Year of Registration	Estimated Value Including Accessories £

(continue in Additional Information box if more than 12 vehicles)

Are all the above vehicles owned by you and registered in the name specified above If 'No' please state the reason.	Yes/No
Do you own any other vehicles? If 'Yes' please explain why they are not included in this proposal	Yes/No
Has any vehicle been modified in any way from the manufacturers' original specification? If 'Yes' please provide details	Yes/No

### Details of trailers, implements & machines with a market value greater than £25,000

Description and serial number	Estimated Value £

(Continue in the Additional Information box if more than 6 items)

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## Details of Cover required

This Cover will apply to all vehicles listed above unless you specifically request otherwise. Please give details in the Additional Information box.

Please tick cover required	
Comprehensive	<input type="checkbox"/> Tick
Third Party Fire & Theft	<input type="checkbox"/> Tick
Third Party Only	<input type="checkbox"/> Tick
If you have selected comprehensive or third party fire and theft would you like an additional voluntary excess?	Yes/No
If 'Yes' how much additional voluntary excess would you like?	£
Is cover required for trailers (not including caravans), implements and machines whilst detached from the vehicle which tows or carries them?	Yes/No

## Details of regular drivers

Full name	Date of Birth	Occupation	Details of Accidents in the last 4 years (continue in the Additional Information box)	Motoring Convictions*, including fixed penalty notices, in last 10 years including prosecutions pending (continue on a separate sheet if necessary)

\*convictions which are spent under the terms of the Rehabilitation of Offenders Act 1974 need not be disclosed  
(Continue in the Additional Information box if more than 8 drivers)

If the reply to any question below is 'Yes' please provide further details in the boxes provided.

Have you, or has any other person who may drive any vehicle:	any physical disability or disease, loss of limb or eye, defective vision or hearing?	Yes/No
	if 'Yes' have you advised the DVLA if 'Yes' have any restrictions been imposed on your licence? Please give details	Yes/No
	been refused insurance or had special conditions imposed?	Yes/No

If the reply to any question below is 'Yes' please provide further details requested in the boxes on the right hand side of the form.

Is a policy for 12 months required? If 'No' please state the period for which insurance is required:	Yes/No
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## Use of Vehicles

will any vehicle be used:	in connection with any occupation or business other than that described by you in this proposal form?	Yes/No
	for haulage purposes i.e. to carry other people's goods for hire?	Yes/No
	to carry goods of an explosive or dangerous nature, to carry passengers for hire, for hiring out or loaning to other people for payment?	Yes/No

## Previous Insurance and Convictions

Are you or any partner or director now or have you or any partner or director previously been insured in respect of a motor vehicle or motor vehicles?	Yes/No
Name of Insurance Company	
Have you or any partner or director been declared bankrupt or been disqualified from being a company director or been involved as owner director or partner with any company which went into receivership, administration or liquidation?	Yes/No
Details:	
Have you or any partner or director been the subject of any County Court Judgements?	Yes/No
Details:	
Have you or any partner or director been convicted or charged in respect of any criminal offence?	Yes/No
Details:	



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## Marketing Preferences

From time to time Cornish Mutual would like to keep you up to date with information and offers on other insurance products and services that we feel may be of interest to you.

We respect your privacy and will never share your information outside Cornish Mutual and its agents for marketing purposes. We also won't inundate you – we'll only ever alert you to products or offers we think you may benefit from.

No I do not wish to receive offers or information from Cornish Mutual by post.

Yes please send me news, offers and information from Cornish Mutual by email.

Please note you will be given the option to unsubscribe from emails at any time.

## Declaration

I/we declare that to the best of my/our knowledge and belief the answers given are true and complete.

I/we agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent and acting on my/our behalf, and not the agent of The Cornish Mutual Assurance Co. Ltd.

I/we declare that this proposal form is for insurance in the normal terms and conditions of the Insurer's Policy.

I/we agree that the information provided on this proposal form and any information supplied by me/us shall be incorporated in and form part of the insurance contract.

I/we wish to effect insurance with, and apply to become a member of, The Cornish Mutual Assurance Company Limited in accordance with the terms of the Company's Memorandum and Articles of Association.

**Before signing the Declaration please check your answers carefully particularly if this proposal form is not completed in your own hand.**

Signature of Policyholder..... Signature of Policyholder.....  
(if joint insured)

Position held.....  
(if company or partnership)

Date..... Date.....



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