

Commercial Vehicle Insurance Proposal Form

For Cornish Mutual use only

Inspector's No./ Member's No.	Start Date	Quoted annual premium £	Number of Policy to be cancelled or amended	Policy Number GV
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Please read the accompanying summary of insurance before completing this form and keep a record (including copies of letters) of all information supplied to us for the purpose of entering into the contract. **Please use Capital Letters for your answers.**

Details of the proposer

Full name(s):
 Date of birth:

Occupation

Full name(s):
 Date of birth:

Occupation

Trading Name (if any)

Correspondence address:

..... Postcode:

Tel: Mobile:

Fax: Email:

Company website address (if any):

Details of Vehicle

Registration Number	Make	Model (full details required)	Year of manufacture	Estimated value
				£
Number of seats excluding driver's	Type of body	Cubic capacity	Fuel type	Vehicles gross plated or maximum laden weight

Has the vehicle been modified to increase performance? If 'Yes' please give full details	Yes/No
.....	

Address at which the vehicle is usually kept overnight:	
.....	
Postcode:	

Use of Vehicle

Will the vehicle be used:	
solely for social, domestic or pleasure purposes?	Yes/No

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to carry your own goods for the occupation stated on page 1?	Yes/No
for haulage purposes i.e. to carry other people's goods for hire?	Yes/No
If 'Yes'	
will this be within a radius of 75 miles of your operating centre?	Yes/No
will overnight journeys be undertaken?	Yes/No
will the vehicle be used:	
to carry goods of an explosive or dangerous nature?	Yes/No
If 'Yes' please give full details	
.....	
.....	
to carry passengers for hire or reward?	Yes/No
If 'Yes' please give full details	
.....	
.....	
for hiring out or loaning to other people?	Yes/No
If 'Yes' please give full details	
.....	
.....	
for any purpose other than disclosed above?	Yes/No
If 'Yes' please give full details	
.....	
.....	

Details of cover required

Please tick cover required (one box only)	
Comprehensive with standard excess of £50 for Accidental Damage, Fire, Theft and windscreen	tick
Comprehensive with additional voluntary excess	tick
Please specify the additional voluntary excess you require in £	
Third Party Fire & Theft with standard excess of £50 for Fire and Theft	tick
Third Party Only	tick

Trailers

Is cover required for trailers (not including caravans)?	Yes/No
If 'Yes' please give details in the following table	

Description of trailer including make model and serial number	Gross plated or maximum laden weight	Estimated value	Is detached cover required? please state 'Yes or No' for each trailer
.....		£	
.....		£	
.....		£	
.....		£	
.....		£	

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Previous Insurance and Non Motor Convictions

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

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? If 'Yes' please give the following details:	Yes/No
Name of current or most recent Insurance Company:	
Expiry date of Policy:	
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? If 'Yes' please give details	Yes/No
.....	
Have you or any partner or director been the subject of any County Court Judgements? If 'Yes' please give details	Yes/No
.....	
Have you or any partner or director been convicted* or charged in respect of any criminal offence? If 'Yes' please give details <small>*convictions which are spent under the terms of the Rehabilitation of Offenders Act 1974 need not be disclosed</small>	Yes/No
.....	
Are you claiming No Claim Discount (NCD)? If 'Yes' please attach documentary evidence of your entitlement e.g. letter from your previous insurer	Yes/No

Additional Information box

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Important Information

Please read the following carefully before you sign and date the Declaration.

The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive, please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk.

The insurance we offer is based upon the information provided to us and you must ensure that all information is complete and accurate and that any facts which may influence our decision to accept the risk on the terms offered have been disclosed. This duty to disclose information continues throughout the life of a Policy and at each renewal. If you fail to disclose material information you may invalidate your insurance cover which may mean that part, or all, of any claim may not be paid.

We recommend that you keep a record, including copies of letters and this proposal form, of all information supplied to us for the purpose of entering into this insurance.

Please tick the box if you would like a copy of this proposal sent to you.

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 Insurers Policy(ies).

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(s)

Position held Date