

SINGLE HEAVY GOODS VEHICLE PROPOSAL FORM

IMPORTANT MESSAGE

Please read the following carefully before you complete, sign and date this form:

- Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid
- The answers you give to these questions must be true and complete to the best of your knowledge. They will usually provide us with sufficient information to enable us to consider this Proposal.
- Material facts would include any 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.
- You should also keep your own record (including copies) of all information supplied to us in arranging this Insurance.
- A copy of this Proposal Form is available on written request within three months from the date of the proposal.

PARTIALLY COMPLETED FORMS WILL BE RETURNED

Please write 'N/A' or 'NOT APPLICABLE' in sections which do not apply. Section 1 and 5 **must** be completed in **all** cases.

SECTION 1 - GENERAL DETAILS

PROPOSERS NAME (<i>Please state <u>full</u> title</i>)	
RISK / BUSINESS ADDRESS	
POSTAL ADDRESS	
PHONE / CONTACT NUMBER	
OCCUPATION (<i>If more than one, state all</i>)	
OCCUPATION (<i>For the purpose of this insurance</i>)	
NUMBER OF YEARS IN BUSINESS	
PREVIOUS INSURER	
ROAD TRANSPORT OPERATORS' LICENCE NUMBER (if applicable)	
RENEWAL DATE	
COVER REQUIRED FROM	_____ : _____ hrs on _____ / _____ / 20_____

SECTION 2 - MOTOR

Section 2(a) VEHICLE DETAILS

Make / Model	Body Type	Reg Number	Year of Make	CC	GVW	Value	Territorial Limits (tick one)	Cover (tick one)	Years No Claims Bonus
							Irl only <input type="checkbox"/> Irl / UK <input type="checkbox"/> Irl/UK/EU <input type="checkbox"/>	TPO <input type="checkbox"/> TPF&T <input type="checkbox"/> ADF&T <input type="checkbox"/> Comp <input type="checkbox"/>	
							Irl only <input type="checkbox"/> Irl / UK <input type="checkbox"/> Irl/UK/EU <input type="checkbox"/>	TPO <input type="checkbox"/> TPF&T <input type="checkbox"/> ADF&T <input type="checkbox"/> Comp <input type="checkbox"/>	
							Irl only <input type="checkbox"/> Irl / UK <input type="checkbox"/> Irl/UK/EU <input type="checkbox"/>	TPO <input type="checkbox"/> TPF&T <input type="checkbox"/> ADF&T <input type="checkbox"/> Comp <input type="checkbox"/>	
State total number of vehicles owned by you						Haulage Vehicles		Own Goods Veh	
						Private Cars		Special Types	
State address where vehicle is usually kept									

SECTION 2(a) VEHICLE DETAILS CONTINUED

Are all vehicles owned by and registered to you? Yes No

If no, please state registered owner: _____

Is any vehicle modified, adapted, converted from the Manufacturers specifications or is there any form of plant (crane, hoist, lifting equipment) attached? Yes No

If yes, please give details

Do you require Working Risk Cover? Yes No

Yes No

If vehicle involved in Tipping, do you require Tipping Risk Cover? Yes No

Yes No

Will the vehicle(s) be used in any part of an Airport to which aircraft have access? Yes No

If yes, please give details

Please indicate what your vehicle is used for

Carriage of Own Goods General Haulage
 Limited Haulage Other

If 'Other', please give details

SECTION 2(b) TRAILER DETAILS (use supplementary sheet if necessary)

Make / Model	Body Type e.g Tipper	Serial No / ID No	Year of Make	Value	Own (Specified) <u>OR</u> Third Party (Unspecified)	Territorial Limits (tick one)	Cover (tick one)
					Specified <input type="checkbox"/>	Irl only <input type="checkbox"/>	TPO <input type="checkbox"/>
					Unspecified <input type="checkbox"/>	Irl / UK <input type="checkbox"/>	TPF&T <input type="checkbox"/>
						Irl/UK/EU <input type="checkbox"/>	ADF&T <input type="checkbox"/>
							Comp <input type="checkbox"/>

Is any trailer modified, adapted, converted from the Manufacturers specifications or is there any form of plant (crane, hoist, lifting equipment) attached? Yes No

If yes, please give details

SECTION 2(c) - DRIVER DETAILS

DRIVERS			DRIVING LICENCE DETAILS			
Name	Date of Birth	Occupation	Licence Held FULL / PROV	Country of Issue	Classes held e.g. C, EC	How long licence held
(Main Driver)			Full <input type="checkbox"/> Prov <input type="checkbox"/>			
			Full <input type="checkbox"/> Prov <input type="checkbox"/>			
			Full <input type="checkbox"/> Prov <input type="checkbox"/>			
			Full <input type="checkbox"/> Prov <input type="checkbox"/>			

Have you or any person who to your knowledge will ever drive?

(a) been convicted of any offence of any nature or had penalty points imposed? Yes No If yes please give details

Date of Offence	Details of Offence	Points / Endorsement Imposed / Fines Imposed	Disqualification Period if applicable

b) EVER had a motor insurance policy cancelled or refused or had special terms imposed? Yes No

If yes please give details:-

c) Subject to spent convictions described below, EVER been

(i) convicted of any offence (including but not limited to motoring offences), in any court?

(ii) disqualified from driving or had a driving licence suspended or had a driving licence suspended or revoked?

If yes please give details:

Driver Name	Details of disqualification, penalty points, endorsements and / or fines

SECTION 2(c) - DRIVER DETAILS CONTINUED

d) within the past 7 years, been warned verbally or in writing of any possible pending prosecution Yes No
If yes please give details:-

Driver Name	Details of disqualification, penalty points, endorsements and / or fines

Spent convictions are convictions that are spent according to the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016. You do not need to tell us about a conviction if the convicted person:

- Was an adult (18 years of age or more) when they committed the offence, and
- Was convicted more than 7 years ago,
- in either:
 - the District Court, or
 - another Court lower than the Central Criminal Court, if the sentence for the offence was either a custodial sentence of 12 months or less (whether partially suspended or not), or a wholly suspended sentence of 24 months or less, and
- Has only one conviction meeting these conditions, except for
 - Motoring offences, (but not Dangerous Driving under Section 53 of the Road Traffic Act 1961)
 - Public Order Offence convictions
 - Possession of Alcohol convictions

(e) (i) been involved in any accident or loss (regardless of blame) in the last five years? Yes No
 (ii) have any claims been made against you or them in the last five years? Yes No
If yes please give details:-

Date of Incident	Name of Driver	Details of Incident	Amount Settled against you / driver	Outstanding Claim Reserve

(f) 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? Yes No
If yes please give details:-

Driver Name	Details

Condition:

In respect of all drivers, I agree to:-

1. Obtain, examine and retain satisfactory written driving experience references from reliable sources
2. Obtain and examine their driving licence and retain a legible copy

SECTION 3 - GOODS CARRIED

Please specify / give examples of goods carried
(The terms Reefer / Dry / Groupage / General are not acceptable)

Do you carry any Hazardous Goods/Chemicals? Yes No

If yes give max percentage of any one load: _____%
Please specify classes carried:-

Does any driver hold a current ADR Certificate? Yes No Please state name of ADR Certificate holder :

Do you ever carry or store any of the following? Tick as appropriate. If NONE tick here

Computer components and / or computers and or ancillary equipment.	<input type="checkbox"/>	Portable and / or prefabricated buildings.	<input type="checkbox"/>
Precious metals and / or articles made of or containing precious metals.	<input type="checkbox"/>	Livestock and / or Poultry.	<input type="checkbox"/>
Non-ferrous metals in sheet, bar, tube, coil, scrap or similar form.	<input type="checkbox"/>	Bottled Spirits.	<input type="checkbox"/>
Audio and / or visual and /or audio visual equipment and / or accessories.	<input type="checkbox"/>	Bottled perfumery.	<input type="checkbox"/>
Photographic equipment and or accessories.	<input type="checkbox"/>	Jewelry and / or watches.	<input type="checkbox"/>
Household / factory / office or similar removals.	<input type="checkbox"/>	Precious Stones.	<input type="checkbox"/>
Process tobacco and / or tobacco products.	<input type="checkbox"/>	Works of Art.	<input type="checkbox"/>
Boats.	<input type="checkbox"/>	Plant and Machinery.	<input type="checkbox"/>
Motor Vehicles.	<input type="checkbox"/>	Caravans.	<input type="checkbox"/>

SECTION 4 - CARRIERS LIABILITY (If Cover required)

How many vehicles do you operate in total?		No. of Dry Goods Vehicles	Territorial Limits: Irl only <input type="checkbox"/> Irl / UK <input type="checkbox"/> Irl/UK/EU <input type="checkbox"/>
		No. of Refrigerated Goods Vehicles	Territorial Limits: Irl only <input type="checkbox"/> Irl / UK <input type="checkbox"/> Irl/UK/EU <input type="checkbox"/>

How many trailers do you operate?		Please complete Section 2b of this form if you operate trailers.
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Conditions of Carriage	IRHA <input type="checkbox"/> @ € _____ per tonne	CMR Conditions <input type="checkbox"/>	Full Responsibility <input type="checkbox"/> € _____ limit per load	Other <input type="checkbox"/> Attach copy of conditions
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What are you Annual Gross Haulage Charges?	€ _____
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Do you require cover for sub-contractors? Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'yes' please state the Gross Haulage Charges for this € _____
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How do you advise customers of your Conditions of Carriage ? Printed on Company Stationery <input type="checkbox"/> Other <input type="checkbox"/>	If other, please state _____
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CLAIMS HISTORY:- Disclose details of ALL claims in the last 5 YEARS relating to previous Carriers Liability policies
Note: We will require confirmation official confirmation of the 5 years claims experience from the past Insurers.

Date of Incident	Name of Driver	Details of Incident	Amount Settled against you	Outstanding Claim Reserve

SECTION 5. DECLARATION

Have you or any of your directors or partners ever:

- 1) Owned, been involved in or had directorship of another company? No Yes
If yes please give details _____
- 2) In relation to the covers you now require, have you ever been refused any insurance, renewal of insurance or had any special terms or conditions imposed by any Insurer? No Yes
If yes please give details _____
- 3) Had any vehicles insured elsewhere, at present, or within the last 5 years (if so where)? No Yes
If yes please give details _____
- 4) Been subject subject to any bankruptcy, foreclosure or repossession in the last 5 years No Yes
If yes please give details _____


DATA PROTECTION

- Patrona Underwriting Limited will hold details you provide in accordance with all current and applicable data protection laws and principles.
- Information you supply may be used by us and our partners (both inside and outside the European Economic Area) for the purposes of administering your policy (including underwriting, processing, claims handling and fraud prevention).
- We may hold and share information about you and other drivers that you have provided with our agents and service providers, other insurers and their agents, any intermediary who acts or acted for you, recognised trade, governing and regulatory bodies (of which we are a member or by whom we are governed), and an Garda Síochána or other appropriate law enforcement bodies in other jurisdictions. This includes the Insurance-Link database and Insurance Ireland's anti-fraud claims matching database. We may also use private investigators to investigate a claim.
- We may also need to collect sensitive personal data (for example, information relating to your physical or mental health or the commission or alleged commission of an offence) to assess the terms of insurance we issue/arrange or to administer claims which arise.
- Patrona Underwriting Limited reserves the right to confirm driving licence details with the appropriate licence authority.
- Unless you have advised us otherwise, we may share information that you provide to companies that we establish commercial links with so we and they may contact you (by email, SMS, telephone or other appropriate means) in order to tell you about carefully selected products, services or offers that we believe will be of interest to you. If you would prefer not to be contacted about these products or services, please tell us by either writing to Patrona Underwriting Limited at the Bushels, Cornmarket, Wexford, emailing optout@Patrona.ie, or calling us on 053 9180300 and quote your policy number, name and address.
- You have a right of access to and a right to rectify data concerning you under the current Data Protection legislation. Should you wish to exercise this right, please write to the Data Protection Officer, Patrona Underwriting Limited, The Bushels, Cornmarket, Wexford. In order to access your data, a fee of €6.35 is chargeable under the terms of the Data Protection Acts.
- By providing us with your information and proceeding with this contract, you consent to all of your information being used, processed, disclosed, transferred and retained for the purposes of insurance administration (including underwriting, processing, claims handling and fraud prevention).
- Please note that a copy of our full Data Protection and Privacy Policy can be viewed on our website www.patrona.ie or requested by writing to our Data Protection Officer at Patrona Underwriting Limited, The Bushels, Cornmarket, Wexford.

It is essential that every Proposer when seeking a quotation to take out any insurance discloses to the insurers all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance and again where material changes occur during the policy year.

I/we declare that, after full enquiry, the contents of this Proposal are true and complete to the best of our knowledge and belief that I/we have not misstated, omitted, suppressed any material fact or information. I/we agree that this Proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be affected.

I/We 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 declare that if the proposer is not an individual person, the signatory below is authorized to form a contract on our behalf.


Date:		Signature of Proposer:	
If Proposer is a Company, please print name and status of the signatory			

SECTION 6. GAP IN COVER DECLARATION

(Only complete this section if the start date for this policy is later than the date your last policy ended)

I/We declare that I/we have not held insurance since DD / MM / YYYY, because *(state reason)*:

No person who will drive the vehicle(s) described above has been involved in any accident, claim, had any penalty points, convictions or pending prosecutions since my last policy ended, except as notified above.

Date:		Signature of Proposer:	
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Patrona Underwriting Limited reserves the right to decline any proposal