

HAVEN INSURANCE COMPANY LIMITED

COMMERCIAL VEHICLE INSURANCE APPLICATION FORM

All questions **MUST** be answered in full where appropriate, amending any errors and initialling the alterations
 This Application Form must be completed in full in ink and all questions answered to the best of your knowledge. If someone else completes this for you they are deemed to be your agent. It is your responsibility to check that the information entered on this form is correct and accurate. The information on this form will be used as the basis of the policy and if any answers are incorrect you should immediately notify us. Any incorrect information may invalidate your policy or may result in your policy not operating fully. You must supply us with all material facts. A material fact is one that would be likely to influence our acceptance and/or assessment or your Application. If you are in any doubt as to whether a particular item of information is material you should disclose it. It is an offence under the Road Traffic Acts to make any false statement or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance.

1. YOUR DETAILS

Title:		Surname:		Address:	
Firstname:					
Home Number:					
Mobile Number:				Post Code:	
Work Number:					

2. GIVE THE FOLLOWING DETAILS ABOUT YOURSELF AND ALL PERSONS WHO TO YOUR KNOWLEDGE WILL DRIVE THE CAR SHOWING CLEARLY WHO IS THE MAIN USER

Full Name	Date of Birth	Marital Status	Occupation inc. any part-time employment	Employers Business	Type of Licence	Time Held	Main User
Proposer:							

3. DRIVERS HISTORY AND EXPERIENCE

Have you or any person who to your knowledge will drive:

- a) been convicted of any motoring offence during the last 5 years or is any prosecution pending?
- b) ever been disqualified from driving or had a licence suspended or revoked?
- c) ever had a motor vehicle insurance policy cancelled or refused or ever had special terms imposed?
- d) have any medical condition which is notifiable to DVLA as deemed by their leaflet D100?
- e) in the last 5 years been involved in any accident or claim, **irrespective of blame**, or loss by fire or theft?
- f) ever been convicted of any non-motor related criminal offence?

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

If the answer to any of these questions is YES, please give details below

a), b), c), d), e), f)	Name of Driver	Date	Offence Code	Fine/Cost	Accident / Claims	Cost of TP Damage	Brief Details (including details of any persons injured in an accident)

4. FINANCE AGREEMENT DETAILS

Is the vehicle subject to a finance agreement? Yes: No: If YES: The length of the finance agreement Years: Months:

Is maintenance included? Yes: No:

Current odometer Miles Annual Mileage Miles

5. USE REQUIRED

1	Carriage Of Own Goods (100 mile radius)	Yes	No
2	Carriage Of Own Goods (unlimited radius)	Yes	No
3	Carriage Of Goods for Courier (100 mile radius)	Yes	No
4	Carriage Of Goods for Courier (unlimited radius)	Yes	No
5	Carriage Of Goods for Haulage (unlimited radius)	Yes	No

Do you carry hazardous or dangerous goods* and/or do you visit any dangerous sites or locations**? Yes: No:

* eg. Corrosive, toxic, radioactive, infectious, explosive or flammable goods

** eg Chemical/oil/gas works or refineries, power/nuclear installations, explosive/ammunition storage or production, MOD bases and Airports.

What is the general nature of goods carried?

Do you operate : On a fixed route From a central Hub within a fixed radius of central hub Any time critical deliveries

Outside UK If Yes: which countries covered

6. PREVIOUS EXPERIENCE

Name of Previous Insurer? Policy Number

No Claims Bonus Amount? Do You want your NCB Protected ?

7. VEHICLE DETAILS

Make & Model	type	C.C	Year	Purchase Date	Value	Registration	LHD/RHD	Any Mods?	Where Parked
a) Vehicles Gross Vehicle Weight					Kg	Vehicles Carrying Capacity			Kg
Is Vehicle Owned and Registered in your name (if No...Please provide details) <input style="width: 400px;" type="text"/> Details: <input style="width: 100px;" type="text"/>									
Please Provide Details Of Any Security: <input style="width: 400px;" type="text"/>									
Is Vehicle Sign Written ? <input type="checkbox"/>									
Do You wish to include a Voluntary excess for this vehicle (£50 / £100 / £150 / £250) <input style="width: 50px;" type="text"/>									
Additional Details <input style="width: 400px;" type="text"/>									

Make & Model	type	C.C	Year	Purchase Date	Value	Registration	LHD/RHD	Any Mods?	Where Parked
b)									
Vehicles Gross Vehicle Weight					Kg	Vehicles Carrying Capacity			Kg
Is Vehicle Owned and Registered in your name (if No...Please provide details)									
Please Provide Details Of Any Security:									
Is Vehicle Sign Written ?									
Do You wish to include a Voluntary excess for this vehicle (£50 / £100 / £150 / £250)									
Additional Details									

8.POLICY DETAILS

Cover Start Date:

Level of Cover

(i.e. Comprehensive / Third Party Fire & Theft / Third Party Only)

9.ADDITIONAL INFORMATION ie. Criminal Convictions

10.DECLARATION

I/We consent to the information on this form and on any claim I/We may make being supplied to IDS Ltd so it can be made available to other insurers.

I/We also agree that, in response to any searches you may make in connection with this application or any claims, IDS Ltd may supply information it has received from other insurers about other claims I/We have made.

I/We confirm that as far as I am/We are aware, the statements made by me or on my/our behalf in connection with this insurance are true and complete.

I/We agree to accept a policy in the Company's usual form for this class of business.

Proposers Signature:

Date of Signature:

We reserve the right to decline any Application. You should keep a record (including copies of letters) of all information supplied by you to the Company. A copy of the Application will be supplied to you if requested within three