

# HAVEN INSURANCE COMPANY LIMITED

## TAXI 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 of 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

Surname Mr/Miss/Mrs \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postcode \_\_\_\_\_  
 Home Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_  
 How long residence at the above address? \_\_\_\_\_ Do you own the property ?  YES /  NO  
 Name Of Cab Office \_\_\_\_\_ Work Postcode: \_\_\_\_\_ Work Phone No. \_\_\_\_\_

### 2. ABOUT YOUR DRIVING LICENCE - (Copy to be attached)

Do you hold a current full UK Driving Licence  YES /  NO Driving Licence Number \_\_\_\_\_  
 Date Passed Test \_\_\_\_\_ Local Licensing Authority \_\_\_\_\_ PH Licence No. \_\_\_\_\_

### 3.VEHICLE DETAILS (Copy Vehicle Registration Document to be attached)

Make , Model & Edition (ie. GL,LS)	C.C	Year	Purchase Date	Value	LHD/RHD	Any Mods?	Registration

### 2. DRIVER DETAILS

Full Name	Date Of Birth	All Occupations	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?

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)	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)

### 5.INSURANCE REQUIRED

Cover        COMP / TPFT / TPO Use         
 Start Date        /        /        Cover Period        7 Days / 30 Days / 90 Days / Annual

### 9.ADDITIONAL INFORMATION

### 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 months of its completion. NO cover is in force until a cover note has been issued.