



# Agricultural Vehicle Insurance

## Proposal Form



### Completing the proposal form

To apply for the Agricultural Vehicle Insurance Policy, complete this Proposal Form in BLOCK CAPITALS using a ball-point pen (blue or black ink). You must complete all parts of this Proposal Form in all cases. Insurance begins when AXA Insurance has accepted your application.

You must give full and true answers to all questions. If you do not do so your insurance cover may not protect you in the event of a claim. You should keep a record of all information supplied to AXA Insurance (including copies of correspondence).

### The information you provide in this proposal form

This is a proposal for a contract of insurance between you and us and you have a duty to make a fair presentation of the risk to us in accordance with the law.

If you do not meet your duty to make a fair presentation of the risk to us then we may at our option take one or more of the following actions:

- 1 Cancel your policy
- 2 Declare your policy void (treating your policy as if it had never existed)
- 3 Change the terms of your policy
- 4 Refuse to deal with all or part of any claim or reduce the amount of any claim payments.

If the space provided is inadequate or you tick a shaded box please supply full details using the Additional Information Section.

A copy of this Proposal can be supplied on request, within a period of 3 months after its completion.

A copy of the Policy is available on request.

AXA Insurance UK plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.



### Law applicable to contract

You and we can choose the law which applies to this Policy. We propose that the Law of England and Wales apply. Unless we and you agree otherwise, the Law of England and Wales will apply to this Policy.



### Vehicles acceptable under this contract

This contract is for Agricultural Vehicles which are vehicles constructed or adapted for use off road and are used exclusively for agricultural, horticultural or forestry purposes.



## Section 1: Cover Requirements

1 Effective Start Date of Cover

D	D	/	M	M	/	Y	Y	Y	Y
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Expiry Date (if not annual)

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

2 Type of Cover required?

- Comprehensive
- Third Party, Fire and Theft
- Third Party only



## Section 2: Proposer Details

Title Mr/Mrs/Ms etc

Firm

Sex

Male  Female

Surname or Title of Firm

Give forenames if individual

Give partners' full names if partnership

Date of birth

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Telephone number

Email Address

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode\*

Correspondence  
(If different from above) - Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode\*

Business  
(If more than one give full details)

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode\*

\*A postcode must be supplied.



### Section 3: Vehicles and attached trailers

#### Vehicle 1

Make

Type of Vehicle (State if tractor, combine harvester, baler etc)

Year Manufactured

Date Purchased

Current Value

Seating Capacity

Registration or Identification No.

#### Vehicle 2

Make

Type of Vehicle (State if tractor, combine harvester, baler etc)

Year Manufactured

Date Purchased

Current Value

Seating Capacity

Registration or Identification No.

### Section 3: Vehicles and attached trailers continued

#### Vehicle 3

Make

Type of Vehicle (State if tractor, combine harvester, baler etc)

Year Manufactured

  /   /    

Date Purchased

  /   /    

Current Value

Seating Capacity

Registration or Identification No.

Trailers (including any trailer type agricultural implement or machine) attached to the vehicle below will automatically receive the same cover as the towing vehicle except that where an amount is payable in respect of loss or damage to the trailer, that amount will not exceed £5,000.

If additional cover or detached cover is required for any particular trailer please show full details in Section 9.

**N.B. This contract is not on an agreed value basis but the value you declare must be an accurate assessment of the total value of the vehicle plus the highest value attachment excluding trailer or trailer type implements. Such attachments are not covered when detached from the vehicle.**



### Section 4: Additional cover for trailers

See notes at Section 3

**1 Do you require any additional cover for trailers (or trailer type agricultural implements or machinery) when**

**(a) attached to your vehicle described in Section 3 and**

 Yes  No

**(i) the value exceeds £5,000?**

**Or (ii) the cover for the towing vehicle is less than that required for the trailer**

**(b) detached from any vehicle?**

 Yes  No

If you have answered 'Yes', complete the details below for each trailer

Identification or chassis no. of trailer	Value of trailer	Cover required	Make and Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



### Section 5: Drivers

Give details of all persons, including yourself, who to your present knowledge may drive, including persons presently suspended from driving.

Mr, Mrs, Ms etc	Sex M or F	Surname	First forename and other details	Tick for main driver	Date of birth	Occupation (include any part-time)	Residence in the UK		Driving licence for goods vehicle	
							Is residence temporary Yes or No?	Number of years resident	Enter F=Full P=Provisional I=International N=None	Date test passed in UK



### Section 6: Insurance History

1 Have you or any driver named above had any motor vehicle insurance declined, withdrawn, cancelled or subjected to an increased rate or special conditions?

Yes     No

If you have ticked the shaded 'Yes' box ✓ give details here.

2 Are you at present or have you ever been insured in respect of any motor vehicle?

Yes     No

If 'Yes' give Insurer's Name

Policy No.



## Section 7: Special use and ownership

### 1 Will any vehicle or trailer be used

- a) to carry ballast or goods of an explosive, inflammable, corrosive, toxic or otherwise dangerous nature?  Yes  No
- b) for crop spraying elsewhere than on your own farm?  Yes  No
- c) for tree felling other than on your own farm?  Yes  No
- d) for haulage of trees on a road?  Yes  No

### 2 Who owns the vehicle in Section 3?

Yourself  Other than yourself

If you have ticked a shaded box, give details here:



## Section 8: Drivers History

### Have you or any person named in Section 5

- 1 In the last three years had any accidents, claims or losses, regardless of blame, in connection with any vehicle owned or driven by you or them?  Yes  No
- 2 In the last five years
- (a) been convicted of any motoring offence?  Yes  No
- (b) had a fixed penalty fine imposed resulting in endorsement of a driving licence?  Yes  No
- (c) received a notice of intended prosecution for any motoring offence other than in connection with (a) and (b) above?  Yes  No

**Section 8: Drivers History continued**

**3 At any time been disqualified from driving for any motoring offence?**

Yes  No

**4 Suffered from any physical or mental disability or infirmity, psychiatric illness or mental disorder, heart condition, epilepsy, diabetes, multiple sclerosis, Parkinson's disease, a stroke, brain surgery or tumour or a severe head injury, eye disorder or disease, continued misuse or dependency on alcohol, illicit drugs or chemical substances, or any other condition requiring current treatment involving the habitual use of drugs?**

Yes  No

**NOTE: All these conditions are DVLA notifiable. If you have ticked a shaded 'Yes' box, you must give full details in the following tables**

**(A) Accidents, Claims and Losses**

Mr, Mrs, Name Ms etc	Date of accident/ claim/loss	Own costs	Third party costs	Did you lose your N.C.D.? Yes or No?	Was your driver convicted? Yes or No?	Was your driver at fault? Yes or No?	Was there any third party injury? Yes or No?	What happened
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**(B) and (C) Convictions, Impending Prosecutions and Disqualifications  
(refer to driving licence if necessary)**

Mr, Mrs, Name Ms etc	Date of conviction/ fixed penalty/impending prosecution	Amount of fine	Endorsement offence code	Licence endorsed? Yes or No?	Length of ban Yrs/Mths	Did accident occur? Yes/No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 8: Drivers History continued

### (D) Disabilities and Other Conditions (Note a medical report may be required)

Mr, Mrs, Ms etc	Name	Date diagnosed	Are they being treated now? Yes or No?	Are they taking drugs? Yes or No?	Name of drug(s)	Description of disability/condition
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## Section 9: Use

The purpose for which the vehicle is used is described on the Certificate of Insurance. A description of the use permitted is given below.

<b>Uses which are included</b>	<ul style="list-style-type: none"> <li>• For agricultural or forestry purposes.</li> <li>• Whilst hired or loaned to public authorities for driving stone crushing plant or for snow clearance.</li> </ul>
<b>Uses which are excluded</b>	<ul style="list-style-type: none"> <li>• While drawing a greater number of trailers in all than is permitted by the law.</li> <li>• For racing, competitions, rallies or trials.</li> </ul>





## Additional Information



## Declaration

### Fair presentation of risk

In order to comply with your duty of fair presentation of the risk, you must provide us with any information that may influence us in the acceptance of this risk and the terms provided. If you are not sure if something is important or relevant you should tell us about it. Relevant information is something that could affect the terms of your policy or our decision to renew your policy.

### Claims and Underwriting Exchange Register

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident we will pass information relating to it, to the register.

Your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers Information Centre (MIIC).

This may be consulted by:

- (a) the Police for the purposes of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime
- (b) other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to ascertain relevant policy information if you have been involved in an accident in the UK or abroad
- (c) the DVLA and DVLNI for the purposes of Electronic Vehicle Licensing
- (d) persons pursuing a claim in respect of a motor traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID.

You should show this notice to anyone insured to drive the vehicle(s) under this policy.

You can find out more about the Motor Insurance Database and its use by contacting AXA or at [www.miic.org.uk](http://www.miic.org.uk).

### Data Protection Notice

AXA Insurance UK plc is part of the AXA Group of companies which takes your privacy very seriously. For details of how we use the personal information we collect from you and your rights please view our privacy policy at [www.axa.co.uk/privacy-policy](http://www.axa.co.uk/privacy-policy).

If you do not have access to the internet please contact us and we will send you a printed copy.

Before signing the Declaration, please read the notices on this page about the Claims and Underwriting Exchange Register and Data Protection Notice.

**Declaration continued**

I/We declare that I/We have taken reasonable care to provide accurate and complete answers to all questions asked.

I/We understand that I/We must notify the agent or AXA as soon as reasonably possible if any of the information in this proposal form is inaccurate or incomplete.

I/We understand that if any of the information provided is inaccurate or incomplete then AXA may take one or more of the following actions:

- cancel the policy, and/or
- declare your policy void (treating your policy as if it had never existed), and/or
- change the terms of your policy, and/or
- refuse to deal with all or part of any claim or reduce the amount of any claim payments.

I/We consent to the seeking of information from other insurers to check the answers I/We have provided on this form.

I/We agree to you passing the information on this form, and about any incident I/We may give you details of, to IDS Ltd or its agents the ABI and Motor Insurance Database so that they can make such information available to other insurers.

I/We also understand that, in response to any searches you may make in connection with this application or any incident I/We have given details of, IDS Ltd or its agents and ABI may pass you information it has received from other insurers about other incidents involving anyone insured to drive the vehicle covered under the policy.

I/We agree that the particulars given in this proposal form are a fair presentation of the risk that we wish to insure and that if any answer has been written by any other person, such person shall be deemed to be my/our agent for that purpose.

I/We agree to accept the insurance policy provided by AXA Insurance UK plc.

**Signature of Proposer**

**Date**

**This Proposal Form must be submitted to the Company within 7 days of inception. Failure to do so will result in cover being effective only from the date it is received and accepted by the Company. Incorrect or misleading information, such as inappropriate business description or trade type, or incorrect completion of the Proposal Form will render the cover ineffective.**

**No cover is in force until the Proposal Form has been accepted by AXA Insurance UK plc.**

**This document is available in other formats.**

If you would like a Braille, large print or audio version, please contact your insurance adviser.

**[www.axa.co.uk](http://www.axa.co.uk)**

