



Miscellaneous and Special Type Vehicles

Motor Insurance Proposal

Important Notice

To apply for the Miscellaneous and Special Type Vehicles 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 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.



Part A – Personal and Vehicle Details

Section 1: Proposer(s) and Business Details

a. Title (e.g. Mr, Mrs, Miss, Ms, Firm)	<input type="text"/>
b. Surname or Title of Firm	<input type="text"/>
c. Give Forename(s) if individual	<input type="text"/>
d. Give partners full names if partnership	<input type="text"/>
e. Date of birth	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
f. Telephone number	<input type="text"/>
g. Address	<input type="text"/> <input type="text"/> <input type="text" value="Postcode*"/>
*A postcode must be supplied	
h. Business (If more than one give full details)	<input type="text"/> <input type="text"/> <input type="text"/>
i. If you are an individual, are you self employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Do you wish to pay the premium by instalments? If “Yes” please complete a budget plan application.	<input type="checkbox"/> Yes <input type="checkbox"/> No



Section 2: Period of Insurance

a. Effective start date of cover	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
b. When is cover to finish (if not annual)?	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
c. Cover required (please tick box)	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Third Party Only



Section 3: Your Vehicle and Operational Risk Options

Trailers are covered for Third Party risks only while attached to your vehicle. If additional or detached cover is required for any trailer, please show full details in Section 4.

Vehicle 1

a. Make

b. Make of Vehicle

c. Current Value

d. Date of Purchase

e. Seating Capacity

f. Registration No. (or Engine No. if unregistered)

g. Operational Risks

Operational Risks (or 'working risks') are those arising whilst your vehicle is being used as a mechanical tool or tool of trade. The following Operational Risks cover is available

Please tick the appropriate box to show the cover you require.

	If you have COMPREHENSIVE cover for the vehicle		If you have OTHER than comprehensive cover for the vehicle	
all operational risks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
operational risks (excluding Third Party Liability arising from subsidence, flooding or water pollution)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
operational risks (excluding Third Party liability arising from damage to pipes and cables, subsidence, flooding or water pollution)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
own damage operational risks, excluding Third Party operational risk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Not Applicable	
cranes only – all operational risks excluding damage by overturning and excluding all Third Party operational risks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Not Applicable	

Section 3: Your Vehicle and Operational Risk Options *continued*

Vehicle 2

a. Make

b. Make of Vehicle

c. Current Value

d. Date of Purchase

e. Seating Capacity

f. Registration No. (or Engine No. if unregistered)

g. Operational Risks

Operational Risks (or 'working risks') are those arising whilst your vehicle is being used as a mechanical tool or tool of trade. The following Operational Risks cover is available

Please tick the appropriate box to show the cover you require.

	If you have COMPREHENSIVE cover for the vehicle		If you have OTHER than comprehensive cover for the vehicle	
all operational risks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
operational risks (excluding Third Party Liability arising from subsidence, flooding or water pollution)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
operational risks (excluding Third Party liability arising from damage to pipes and cables, subsidence, flooding or water pollution)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
own damage operational risks, excluding Third Party operational risk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Not Applicable	
cranes only – all operational risks excluding damage by overturning and excluding all Third Party operational risks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Not Applicable	

Section 3: Your Vehicle and Operational Risk Options *continued*

Vehicle 3

a. Make

b. Make of Vehicle

c. Current Value

£

d. Date of Purchase

/ /

e. Seating Capacity

f. Registration No. (or Engine No. if unregistered)

g. Operational Risks

Operational Risks (or ‘working risks’) are those arising whilst your vehicle is being used as a mechanical tool or tool of trade. The following Operational Risks cover is available

Please tick the appropriate box to show the cover you require.

	If you have COMPREHENSIVE cover for the vehicle		If you have OTHER than comprehensive cover for the vehicle	
all operational risks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
operational risks (excluding Third Party Liability arising from subsidence, flooding or water pollution)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
operational risks (excluding Third Party liability arising from damage to pipes and cables, subsidence, flooding or water pollution)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
own damage operational risks, excluding Third Party operational risk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Not Applicable	
cranes only – all operational risks excluding damage by overturning and excluding all Third Party operational risks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Not Applicable	



Section 4: Detached Trailers

1 Is any cover required for trailers when detached from the vehicle?

Yes No

If you have ticked the 'Yes' box, complete the details required in the section below:

Identification or chassis no. of trailer

Value of trailer

Cover required

Gross Plated Weight

Carrying Capacity

Make and type

Identification or chassis no. of trailer

Value of trailer

Cover required

Gross Plated Weight

Carrying Capacity

Make and type



Section 5: Additional Information about the Vehicle(s) in Section 3

a. Will any vehicle or trailer carry goods of an explosive, inflammable, corrosive, toxic or otherwise dangerous nature?

Yes No

b. If 'Yes', please give details here

c. Who owns the vehicle?

Yourself Another

d. If you have ticked the 'Another' box, please give full details here



Section 6: Your Previous Insurance Details

a. 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

b. If you have ticked the 'Yes' box give full details here

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

Yes

No

d. If 'Yes', give Insurer's Name

e. Date cover finished*

D

D

/

M

M

/

Y

Y

Y

Y

f. * If more than 3 months before our cover starts please give reason

g. If you are claiming a No Claims Discount you must provide evidence for each of the vehicles that you are claiming a discount for. The evidence must be in the form of a claims free years declaration from your previous insurer. (Photocopies not acceptable)

Please state the number of years entitlement

Years



Section 7: Use of Your Vehicle

The use is as follows:

Uses which are included

In connection with your business

Uses which are excluded

- towing a greater number of trailers in all than permitted by law
- racing, competitions, rallies or trials



Part B – Driver Details

Section 8: Your Drivers

Driver 1

Title (e.g. Mr, Mrs, Miss, Ms)

Surname

Forename(s)

Main driver?

 Yes No

Date of birth

 D D / M M / Y Y Y Y

Full and part-time occupation(s)

Is your residency in the UK temporary?

 Yes No

How long have you been resident in the UK?

Please indicate your driving licence for goods vehicle

 Full Provisional International None

Give the date you passed your UK test

 D D / M M / Y Y Y Y

Driver 2

Title (e.g. Mr, Mrs, Miss, Ms)

Surname

Forename(s)

Main driver?

 Yes No

Date of birth

 D D / M M / Y Y Y Y

Full and part-time occupation(s)

Is your residency in the UK temporary?

 Yes No

How long have you been resident in the UK?

Please indicate your driving licence for goods vehicle

 Full Provisional International None

Give the date you passed your UK test

 D D / M M / Y Y Y Y

Section 8: Your Drivers *continued*

Driver 3

Title (e.g. Mr, Mrs, Miss, Ms)

Surname

Forename(s)

Main driver?

 Yes No

Date of birth

 / /

Full and part-time occupation(s)

Is your residency in the UK temporary?

 Yes No

How long have you been resident in the UK?

Please indicate your driving licence for goods vehicle

 Full Provisional International None

Give the date you passed your UK test

 / /

Driver 4

Title (e.g. Mr, Mrs, Miss, Ms)

Surname

Forename(s)

Main driver?

 Yes No

Date of birth

 / /

Full and part-time occupation(s)

Is your residency in the UK temporary?

 Yes No

How long have you been resident in the UK?

Please indicate your driving licence for goods vehicle

 Full Provisional International None

Give the date you passed your UK test

 / /



Section 9: Drivers History

Have you or any person named in this proposal

a. 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

b. in the last five years

i) been convicted of any motoring offence?

Yes No

ii) had a fixed penalty fine imposed resulting in endorsement of a driving licence?

Yes No

iii) received a notice of intended prosecution for any motoring offence other than in connection with i) and ii) above?

Yes No

c. at any time been disqualified from driving for any motoring offence?

Yes No

d. 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? Note: All these conditions are DVLA notifiable.

Yes No

If you have ticked a 'Yes' box, please give full details in the corresponding sections (a), (b), (c), and (d) overleaf

Section 9: Drivers History *continued*

A) Accidents, claims and losses

Mr, Mrs, Ms	Name	Date of accident/ claim/ loss	Own costs	Third party costs	Did you lose your N.C.D.? No/Yes	Was your driver convicted? No/Yes	Was your driver at fault? No/Yes	Was there any third party injury? No/Yes	What happened?
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**B) And C) convictions, impending prosecutions and disqualifications
(Refer to Driving Licence if necessary)**

Mr, Mrs, Ms	Forename	Surname	Date of conviction/ fixed penalty/ impending prosecution	Amount of fine	Endorsement offence code	Licence endorsed? No/Yes	Length of ban? (Yrs/Mths)	Did accident occur? No/Yes
<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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Section 9: Drivers History *continued*

D) Disabilities and other conditions (Note a medical report may be required)

Mr, Mrs, Ms	Name	Date diagnosed	Are they being treated now? No/Yes	Are they taking drugs? No/Yes	Name of drug(s)	Description of disability/ condition



PART C – Additional Information

A large, empty rectangular box with a thin blue border, intended for providing additional information or answers.



PART D – Declaration

If you wish to disclose something that has not been disclosed elsewhere in this Proposal, please use the box provided here.

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.

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.

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

PART D – Declaration *continued*

Declaration

Please read the Declaration carefully and then sign below. If there is more than one Proposer both should sign.

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(s)

x

Date

D

D

/

M

M

/

Y

Y

Y

Y

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

