



OPTIMA
FLEET

 Proposal

Groupama Insurance Company Limited
FLEETCOVER PROPOSAL FORM

To be completed by the agent		Agent	
Agency Code		Agency Reference	

PLEASE ANSWER ALL QUESTIONS USING BLOCK CAPITALS OR BY TICKING BOXES AS APPROPRIATE
IF MORE SPACE IS REQUIRED PLEASE USE ADDITIONAL PAPER
COVER IS NOT CONFIRMED UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY GROUPAMA INSURANCE COMPANY LIMITED

Insurance required for a period of 12 months commencing	20
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INFORMATION ABOUT YOU AND YOUR TRADE OR BUSINESS

1 Full name of company

2 Address
Postcode

3 Business or trade

INFORMATION ABOUT YOUR VEHICLES

4 Are all vehicles owned by you and registered in your name or hired to you under a hire purchase, leasing or contract hire agreement? If No, give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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5 Are all vehicles registered and permanently based in the United Kingdom? If No, give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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6 Will any vehicle(s) carry goods of an explosive, inflammable, corrosive or toxic nature? If Yes, give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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7 Will any vehicle(s) operate "airside" or in close proximity of aircraft? If Yes, give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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8 Is detached trailer cover required? If Yes, state the number of trailers, the cover required and whether the trailers are to be specified or not	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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9 Has any vehicle(s) been altered in any way from the maker's specification? If Yes, give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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A schedule of vehicles and trailers (if applicable) as at inception must be provided in the format required by the company.

PLEASE TICK COVER REQUIRED

<input type="checkbox"/>	Comprehensive	<input type="checkbox"/>	Third Party Fire & Theft	<input type="checkbox"/>	Third Party Only
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PLEASE TICK THE USE YOU REQUIRE

<input type="checkbox"/>	Private Cars - Pleasure and business, excluding commercial travelling.
<input type="checkbox"/>	Private Cars - Pleasure and business, including commercial travelling.
<input type="checkbox"/>	Commercial Vehicles - Own business purposes, excluding carriage of goods for hire or reward.
<input type="checkbox"/>	Commercial Vehicles - Own business purposes, including carriage of goods for hire or reward.

INFORMATION ABOUT YOUR DRIVERS

10 Are the driving licences of all new employees checked before they are permitted to drive? Yes No
Are the driving licences of all employees checked at least annually? Yes No

11 To the best of your knowledge and belief (having made all reasonable enquiries), has any person who will drive

(i) been refused motor insurance or continuance thereof? Yes No

(ii) a licence issued with restrictions or for a restricted period of time? Yes No

(iii) held a full EC licence for less than 12 months? Yes No

(iv) been convicted within the last five years or has a prosecution pending for any of the following offences or a comparable offence in any other EC member state:

AC Accident Offences Yes No BA Disqualified Driver Yes No

DD Dangerous and/or Reckless Driving Yes No DR Drink and/or Drugs Yes No

IN Insurance Offences Yes No UT Theft or Unauthorised Taking Yes No

NE Non-Endorsable Offences Leading to Disqualification Yes No

TT Disqualification under "Totting-Up" Procedure Yes No

XX Disqualification under "Totting-Up" Procedure Yes No

Your duty of disclosure relating to all drivers continues to apply during the period of insurance.

If Yes to any part of question 11, please give details and a copy of the relevant driving licence.

INFORMATION ABOUT MOTOR INSURANCE EXPERIENCE

12 Have you had any insurance declined, cancelled, renewal refused or been required to pay an increased premium or had special conditions imposed by any motor insurer? Yes No

If Yes, give details _____

Quotations are given, subject to written confirmation from the previous insurer(s) of past claim experience, with details of past cover(s), excesses, number of vehicles insured and numbers and total cost of accidents.

INFORMATION ABOUT METHOD OF PAYMENT

13 Do you wish to pay your premium by instalments? Yes No

If Yes, complete separate application form available on request.

IMPORTANT NOTES - PLEASE READ CAREFULLY

Before signing and dating the declaration, please read these notes very carefully.

1. MATERIAL INFORMATION OR FACTS

From the answers you have given to the questions we will usually be able to give your proposal adequate assessment. However, there may be other material information or facts known to you which could influence our assessment and acceptance of the risk which has not been catered for, either fully or in part, by the questions.

It is extremely important that you disclose all material information and facts (that is any information or facts which could influence our assessment and acceptance of your proposal.) FAILURE TO DO SO COULD INVALIDATE THE INSURANCE. If you are in doubt as to whether or not any information or fact is material, then it should be disclosed to us - on a separate sheet if necessary.

2. YOUR OWN RECORD OF INFORMATION AND FACTS SUPPLIED

You should keep your own record (including copies of letters) of all information and facts supplied to us for the purpose of entering into this contract.

3. ACCURACY OF ANSWERS

PLEASE CHECK ALL YOUR ANSWERS TO THE QUESTIONS, PARTICULARLY IF THE PROPOSAL FORM HAS NOT BEEN COMPLETED IN YOUR OWN HAND. Only when you are satisfied that all the questions have been truthfully answered should you sign and date the Declaration.

DECLARATION

- I/We declare that to the best of my/our knowledge and belief (having made all reasonable enquiries) the above statements are true, complete and that no material information or fact has been withheld or suppressed.
- I am/We are authorised to sign this declaration on behalf of the company.
- I/We agree
 - this proposal shall be the basis of the contract with Groupama Insurance Company Limited
 - if any answers have been written by another person then for that purpose such person shall be regarded as my/our agent and not the agent of Groupama Insurance Company Limited
 - to be bound by the terms of the policy.
- I/We understand
 - the liability of Groupama Insurance Company Limited does not commence until this proposal has been accepted by them
 - Groupama Insurance Company Limited reserves the right to decline any proposal.
- **For Data Protection Act purposes** I/we understand that the information on this form and data provided by other means throughout the period of insurance, may be passed to the Motor Insurers' Information Centre and/or the Association of British Insurers and/or Insurance Database Services. Information may be added to the Motor Insurance Database and/or the Motor Insurance Anti-Fraud and Theft Register and/or the Claims and Underwriting Exchange Register. I/We understand that personal data provided will be used for insurance administration and for the same purpose may be passed to selected third parties and reinsurers.
- I/We consent to the processing of personal data, including sensitive data about me/us and other persons who may be insured under this policy. I/We understand that all personal data supplied by me/us must be accurate and that I/we have the specific consent of those other persons insured to disclose their personal data.
- I/We understand
 - duty of disclosure applies to all persons covered
 - the duty of disclosure specified in this proposal continues to apply during the period of insurance and to any claim made
 - Groupama Insurance Company Limited reserves the right to request further or more detailed information as they deem it relevant
 - telephone calls may be recorded.

Proposer's Signature(s)

Date

Status of signatory within the company