

Protection for business



Motor Fleet Insurance

Haulage Factfinder

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The information you provide in this form will be used to assess your motor fleet insurance risk or the renewal of your motor fleet insurance policy. We may also use this information to evaluate your risk management capabilities, and, where appropriate, advise you of measures you may wish to consider to help reduce future claims costs. In the event of a contract of insurance being agreed between you (the proposer) and us (Brit Insurance Limited), this document will form the basis of such contract.

Please answer all questions in full, and accurately disclose all Material Facts. Material Facts are those facts which are likely to influence us in the acceptance or assessment of this form and it is essential that you disclose them. If you are in doubt whether a fact is material, you should disclose it, since failure to do so could invalidate your insurance. Under the Road Traffic Act it is an offence to make any false statements or withhold any material information in order to obtain a cover note or a certificate of motor insurance.

Once you have completed this form please return the signed original to your broker or intermediary as soon as possible.

Important

- Please write your answers in BLOCK CAPITALS and tick the boxes where appropriate using blue or black ink.
- Please provide full details where requested. If you need more space please continue on a separate sheet of paper and attach it to this form remembering to include the Part reference.
- You should keep a record (including copies of letters) of all information you supply to us.
- Where this form is submitted after the inception of a contract, we reserve the right to withdraw cover and cancel the contract or amend the terms and conditions of the contract, including the premium, based upon the information provided in this form.

Part 1 Details of Proposer / Applicant

| | | | |
|--|---|---------------------------------|------------------------|
| Full name of proposer | <input type="text"/> | | |
| Business or trade description | <input type="text"/> <input type="text"/> | | |
| Registered address | <input type="text"/> <input type="text"/> <input type="text"/> Postcode | | |
| Number of years the company has been established | <input type="text"/> | | |
| Website address | <input type="text"/> | | |
| Telephone number | <input type="text"/> | Fax number | <input type="text"/> |
| E-mail address | <input type="text"/> | | |
| VAT register number | <input type="text"/> | If partially exempt, recovery % | <input type="text"/> % |
| Policy reference (renewals only) | <input type="text"/> | Renewal date | <input type="text"/> |

Part 1

Details of Proposer / Applicant (continued)

Please provide the name, e-mail address and telephone number of the person responsible for supplying vehicle data to the Motor Insurance Database.

MID contact name

E-mail address

Telephone number

Part 2

Vehicle Profile

1 For the forthcoming policy period, please advise the total number of vehicles and estimated mileage for the following:

| | No. of vehicles | Estimated annual mileage per vehicle |
|--|----------------------|--------------------------------------|
| a private cars | <input type="text"/> | <input type="text"/> |
| b coaches/minibuses | <input type="text"/> | <input type="text"/> |
| c commercial vehicles with GVW 3.5t or less | <input type="text"/> | <input type="text"/> |
| d commercial vehicles with GVW over 3.5t - 7.5t | <input type="text"/> | <input type="text"/> |
| e commercial vehicles with GVW over 7.5t - 16t | <input type="text"/> | <input type="text"/> |
| f commercial vehicles with GVW over 16t - 32t | <input type="text"/> | <input type="text"/> |
| g commercial vehicles with GVW over 32t - 38t | <input type="text"/> | <input type="text"/> |
| h commercial vehicles with GVW greater than 38t | <input type="text"/> | <input type="text"/> |
| i all other vehicles | <input type="text"/> | <input type="text"/> |

2 Are any vehicles valued over £60,000?

Yes No

If "Yes" please specify them below:

| Vehicle Type | Registration | Value |
|----------------------|----------------------|----------------------|
| <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"/> |

3 Please provide details of any temporary, hired-in or other additional vehicles used during the past 12 months.

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

4 Please provide details of any trailers owned.

| Total Number | Total Value | Max. Individual Value |
|--------------|-------------|-----------------------|
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Part 3

The Drivers

1 Please provide the percentage of employees allocated (or with regular access to) a company vehicle in the following age brackets:

- %
- a under 20
 - b 21 – 24
 - c 25 – 29
 - d 30 – 60
 - e over 60

2 Please provide details of the level of turnover of employees allocated (or with regular access to) a company vehicle during the past 12 months.

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3 Do you use agency, temporary or casual drivers? Yes No

If “Yes” please provide details including the number of days per year.

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4 Do you employ drivers who do not hold a full UK driving licence? Yes No

If “Yes” please provide details.

| Country in Which Licence Issued | Total Number of Drivers |
|---------------------------------|-------------------------|
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5 How regularly are employees’ driving licences checked?

6 Are non-employees permitted to drive company vehicles? Yes No

If "Yes" please provide details of any restrictions imposed and advise what procedures are in place to check their driving licences.

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7 Are all employees allocated (or with regular access to) a company vehicle assessed for risk? Yes No

If "Yes" please provide details including the frequency of assessments.

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8 Please provide details of any driver training undertaken during the past 24 months including the numbers involved and the name of the training provider.

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1 Please tick each box that describes the nature of your operations:

| | | Additional Information |
|---------------------------|--------------------------|------------------------|
| a own goods | <input type="checkbox"/> | <input type="text"/> |
| b general haulage | <input type="checkbox"/> | <input type="text"/> |
| c groupage | <input type="checkbox"/> | <input type="text"/> |
| d bulk haulage | <input type="checkbox"/> | <input type="text"/> |
| e multidrop/time critical | <input type="checkbox"/> | <input type="text"/> |
| f logistics | <input type="checkbox"/> | <input type="text"/> |
| g specialist operations | <input type="checkbox"/> | <input type="text"/> |
| h tippers and waste | <input type="checkbox"/> | <input type="text"/> |
| i other | <input type="checkbox"/> | <input type="text"/> |

2 Please provide details of the types of goods you carry.

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3 Are goods of an explosive, corrosive or dangerous nature carried? Yes No

If "Yes" please complete the table below.

| UN Class | Packaging Group | Transport Category | Nature of Goods | % of annual turnover | Carried as bulk loads or in tankers? |
|----------|-----------------|--------------------|-----------------|----------------------|--------------------------------------|
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4 How long has the company been carrying hazardous goods?

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5 How many of your drivers hold ADR qualifications?

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6 Who is your appointed Dangerous Goods Safety Advisor (DGSA)?

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7 What is the usual radius of operations?

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8 Are any of your vehicles used outside of the UK? Yes No

If "Yes" please provide details of the estimated number of days for the forthcoming policy period and the countries to be visited?

| Approximate No. of Days | Country |
|-------------------------|---------|
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9 Do any of your vehicles visit hazardous sites such as airports / chemical plants / power stations / military bases? Yes No

If "Yes" please provide details.

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10 Have you made any changes to your fleet or operations during the past 12 months or do you anticipate making any such changes in the next 12 months? Yes No

If "Yes" please provide details.

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Part 5

Operator Licences

1 Please tick each type of operator licence held and provide details of the number of vehicles and trailers on each licence.

| | Type of Licence | No. of Vehicles | No. of Trailers |
|---------------|--------------------------|--------------------------|--------------------------|
| Restricted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| National | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| International | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2 Please provide details of any licence offences incurred.

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- 1 Do you have a documented health and safety compliant 'Driving at Work' road safety policy? Yes No

If "Yes" please provide a copy and answer the following:

a when was it last reviewed?

b is management of the policy allocated to a specific director? Yes No

c does the policy detail the required driving standards of the company? Yes No

- 2 Do you issue drivers with a company driver's handbook? Yes No

If "Yes" please provide a copy.

- 3 For all new employees allocated (or with regular access to) a company vehicle, do you:

a take a copy of their driving licence? Yes No

b obtain details of their driving history (including claims and convictions)? Yes No

c assess their driving ability? Yes No

d follow up references submitted as part of their application? Yes No

- 4 Are employees permitted to drive their own vehicles on company business? Yes No

If "Yes" please provide details of how this activity is monitored / controlled.

- 5 Do you supply drivers with instructions on what to do in the event of an accident? Yes No

6 Are post accident interviews undertaken? Yes No

7 Do you record and analyse incidents? Yes No

If "Yes" please provide details of how this data is used.

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8 Are vehicle options / choices evaluated to ensure suitability / fitness for purpose? Yes No

Part 7

Fleet Management

1 Please provide full details of how vehicle maintenance is carried out (by whom/frequency/ defect reporting).

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2 Do you operate a remote vehicle management system? Yes No

If "Yes" please provide details of the company used, how long you have used the system and the number of vehicles involved.

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3 Do you have a full time fleet transport manager? Yes No

If "Yes" please provide their name and details of any relevant qualifications.

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4 Please provide details of the current driver assessment procedures in force for both new and existing employees.

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5 Please provide full details of how the company complies with the EU Driver Certificate of Professional Competence requirements.

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1 Please state how many vehicles are fitted with tachographs.

Analogue

Digital

2 How frequently are tachograph records checked?

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1 What steps are taken to secure 'target' vehicles? (e.g. high value vehicles, loads or high performance vehicles etc.)

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2 What security arrangements are in place for uncoupled semi-trailers or drawbar trailers parked outside or away from your own premises? (e.g. 5th wheel pin lock etc.)

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Data Protection Act 1998

We may store your information on a computer and use it for administration, risk assessment, research and statistical purposes, marketing purposes and for crime prevention (see further details below). We will only disclose your personal details to third parties, if it is necessary for the performance of your contract with us.

In order to assess the terms of the insurance contract or administer claims that arise, we may need to collect data that the Data Protection Act defines as sensitive, such as medical history or criminal convictions. By proceeding with this contract you will signify your consent to such information being processed by us or our agents.

We will keep your information secure at all times. In certain circumstances, for example for systems administration purposes, we may have to transfer your information to another country, which may be a country outside the European Economic Area (EEA). By proceeding with your insurance application, we will assume you are agreeable for us to transfer your information to a country outside the EEA.

Should you wish to receive a copy of the information we hold on you, please contact the Data Protection Officer, Brit Insurance Limited, 55 Bishopsgate, London, EC2N 3AS.

Claims and Underwriting Exchange Register

Insurance companies pass information to the Claims and Underwriting Exchange Register run by Insurance Database Services Limited, and the Motor Insurance Anti-Fraud and Theft Register run by the Association of British Insurers. The aim is to help us check information provided, and also to prevent fraudulent claims. When we deal with your request for insurance we may search these registers. Under the conditions of this Insurance, you must tell us about any incident (such as an accident or theft) whether or not it gives rise to a claim. When you tell us about an incident, we will pass information relating to it to the registers.

Motor Insurance Database

Information relating to your insurance policy will be added to the Motor Insurance Database (MID), managed by the Motor Insurers' Bureau (MIB). MID and the data stored on it may be used by certain statutory and/or authorised bodies including the police, the DVLA, the DVANI, the Insurance Fraud Bureau and other bodies permitted by law for the purposes not limited to but including:

- 1 Electronic Licensing
- 2 Continuous Insurance Enforcement
- 3 Law enforcement (prevention, detection, apprehension and or prosecution of offenders)
- 4 The provision of government services and or other services aimed at reducing the level and incidence of uninsured driving.

If you are involved in a road traffic accident (either in the UK, the EEA or certain other territories), insurers and or the MIB may search the MID to obtain relevant information.

Persons (including his or her appointed representatives) pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID.

It is vital that the MID holds your correct registration number. If it is incorrectly shown on the MID you are at risk of having your vehicle seized by the police. You can check that your correct registration number details are shown on the MID at www.askmid.com

Once you have read and understood the Important Notes in Part 10, please read and sign the declaration below:

We undertake that the vehicle(s) will not be driven by any person(s) who to our knowledge:

- a** has been refused any motor vehicle insurance or continuance thereof;
- b** suffers from any medical condition that requires DVLA notification;
- c** has during the past five years been convicted of any of the following motor offences:
 - manslaughter;
 - causing death by dangerous driving;
 - dangerous driving;
 - driving under the influence of drink or drugs;
 - failing to stop after an accident;
 - any offence or combination of offences which resulted in suspension from driving;

unless advised to and agreed in writing by the Insurers.

I declare that the details given above are true to the best of my knowledge and belief and that no information has been withheld by me that might influence the Insurers' acceptance and assessment of this insurance.

**Signature on behalf
the proposer**

Status / Position

Date

In the event of a contract of insurance being agreed between you (the proposer) and us (Brit Insurance Limited) please note the following:

- your cover does not start until you have been issued with a cover note or Certificate of Motor Insurance;
- your policy is subject to English law and to the exclusive jurisdiction of the English courts, unless we have agreed otherwise with you;
- under the terms of the contract you have a continuing obligation to notify us immediately of any change in the information provided.

Full details of our complaints procedure are set out in your Insurance policy.

Brit Insurance Limited

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Registered in England and Wales No. 2763688 at 55 Bishopsgate, London EC2N 3AS
Authorised and regulated by the Financial Services Authority
Member of the Association of British Insurers
A member of the Brit Insurance Group