

# Autovan Commercial Motor Insurance

## Proposal Form

### Policy Details

Intermediary Name:

Agency Ref:

Client Ref:

Cover Start Date:

Cover start Time:

Policy Number:

Product: Autovan Commercial Motor

### Important information – Statement of Fact

This Proposal Form will be a precise record of the information which you or anyone acting on your behalf provides to Zurich Insurance Europe AG (“Zurich”) about your risk. Zurich will rely upon this information when deciding whether to accept this risk, what terms to apply to it and the premium to be charged. Accordingly, please check the information you provide carefully to ensure that it is correct.

You have a legal duty to answer all questions asked by us in connection with your application for insurance honestly and with reasonable care. You must also ensure that any information voluntarily provided by you or on your behalf is provided honestly and with reasonable care.

Failure to comply with these requirements and/or any negligent or fraudulent misrepresentation could invalidate your Policy or affect your insurance cover or premium. It could also result in a claim being declined or the amount payable in respect of a claim being reduced or difficulty obtaining insurance in the future. Please refer to the Policy Booklet for further information.

Please also note that it is an offence under section 64(1) of the Road Traffic Act 1961 (as amended) for any person, for the purpose of or in the course of obtaining the issue of a certificate of motor insurance, to commit any fraud or make any representation or statement (whether in writing, verbally or by conduct) which is to his/her knowledge false or misleading in any material respect.

If you do not understand any part of this Proposal Form or are in any doubt whatsoever as to the accuracy of the information you have provided as referenced above, you should inform your broker immediately.

NOTE: The Company reserves the right to decline any proposal.

Full details of the cover provided appears in the Policy Booklet which can be found at:  
[www.zurich.ie/insurancedocuments](http://www.zurich.ie/insurancedocuments)

### Proposer Details

Proposer Name/Company Name:

Date of Birth:

Address:

Phone:

Email:

Occupation:

Are you registered for VAT?

☐ Yes ☐ No

Or exempt under current regulations?

☐ Yes ☐ No

VAT no. (If applicable):

Part-time Occupation:

Employer's Business:

Proposer Details

Licence Type:	Driver Licence Number*:
Country of Issuance:	No Claims Bonus:
Total Active Penalty Points:	

*\* For Irish driving licences: Your Driver Number is a nine digit number that stays with the licence holder throughout their driving history. It appears in field five of your paper licence and in field 4d of the new plastic card licence or permit.*

*For non-Irish EU driving licences: Please provide the Driver Number (Personal Number) noted in field 4d of your driving licence – or where this field is not present, please provide the Licence Number located in field five.*

*For non-EU driving licences: Please provide the Driver Number or equivalent unique identification number of your licence.*

Vehicle Details

Make:	Model:
C.W.T.:	Registration Number:
Year of Make:	Current Market Value (€):
Est. Annual Mileage:	Body Type (e.g. Van/Articulated etc.):
Vehicle Modifications: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of fixed seats?

If Yes, please provide details:

Where is the vehicle kept overnight?	<input type="checkbox"/> Garage
	<input type="checkbox"/> Private Property
	<input type="checkbox"/> Public Road

Are there any non-standard features on the vehicle such as lifts, hoists, cranes or tipping mechanisms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please provide details:

Additional Driver(s) Details

If the proposal is in the name of a Limited Company then all drivers must be listed here. If the proposal is in a private name then only drivers other than the proposer need be listed.

	Driver 1	Driver 2	Driver 3	Driver 4	Driver 5
Name:					
Date of Birth:					
Occupation:					
Employers Business:					
Licence Type:					
Driver Licence Number:					
Country of issuance:					
Own Insurance:					
Total Active Penalty Points:					

Who is the main driver of the vehicle?

Cover and Vehicle Use Details

What level of cover do you require?	Fully Comprehensive	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Third Party Fire & Theft	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Third Party Only	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the vehicle be used on the Continent of Europe or in the United Kingdom?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How many Drivers on Policy?			
Do you require Windscreen Cover? (Automatically covered under Comprehensive Policies)			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you require No Claims Discount Protection?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you require Trailer cover?			
What level of cover do you require?	Fully Comprehensive	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Third Party Fire & Theft	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Third Party Only	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Description:

Value:

Max carrying capacity:

Serial Number:

Discounts

Do you hold or have you ever held commercial vehicle insurance in your own name?

What was the expiry date of your previous Insurance policy?

No. of Years No Claim Discount?

What was the name of your previous Insurer?

What country was your previous Insurance in?

What type? (i.e. private car, commercial motor, company policy)

What country was it earned in?

For how many consecutive claims free years have you or were you named on this policy?

How many years did you earn?

What was the expiry date of the Insurance policy?

Please read and answer the following questions carefully:

1. Are you (the Proposer) and any other person(s) driving the vehicle, permanently resident in the Republic of Ireland?

If your answer is No, please confirm where you and/or the other drivers reside on a permanent basis:

2. Is the Vehicle for which insurance cover is sought owned by and registered to the name listed under 'Proposer Details'?

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If your answer is No, please confirm who is the registered owner of the vehicle:

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3. Is the Vehicle for which insurance cover is sought a right-hand drive Vehicle?

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4. Will the Vehicle for which insurance cover is sought be used to carry 'own goods' specific to your business, profession or Trade only?

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If your answer is No, please provide details of what goods you will be carrying (making special reference to goods of a corrosive, toxic, explosive or flammable nature):

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5. Is the Vehicle for which insurance cover is sought in a roadworthy condition and will it be maintained as such?

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6. Has the Vehicle for which insurance cover is sought been modified in any way from the manufacturer's specification, is it a tipper or does it have any mechanical plant or auxiliary equipment such as grabs, stabilisers or cherry pickers?

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If your answer is Yes, please provide a full description of the modifications:

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7. Will the Vehicle for which insurance cover is sought be used for hire and reward, in close proximity to aircraft/ airfields, for carriage of any dangerous, toxic, explosive or hazardous goods or to carry out deliveries?

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If your answer is Yes, please provide a full description of what the Vehicle will be used for:

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8. Will the Vehicle for which insurance cover is sought be used for private use only?

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9. Excluding Crew Cabs, does the Vehicle for which insurance cover is sought, have any fixed seats in the rear?
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10. Have either you (the Proposer) or any other person(s) driving the vehicle ever been refused motor insurance of any type or been refused renewal of an existing motor insurance policy of any type by an insurer?

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If your answer is Yes, please provide a full details of the refusal of insurance and/or renewal including the insurer name, the reason for the refusal and the date of the refusal:

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11. Have either you (the Proposer) or any other person(s) driving the vehicle ever had special or unusual terms or restrictions applied to a motor insurance policy of any type or had a motor insurance policy of any type cancelled or declared void by an insurer? (Note: this does not include any action taken for Direct Debit Default)

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If your answer is Yes, please provide full details of the terms/restrictions imposed and/or details of any cancellation/void policy, including the name of the insurer, what terms/restrictions they imposed and the reason they were imposed and/or why your policy was cancelled/declared void:

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12. Apart from convictions which are deemed spent under the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016\*, have either you (the Proposer) or any other person(s) driving the vehicle ever been convicted of any offence of any nature, have any prosecutions pending or been disqualified from driving?

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If your answer is Yes, please confirm full details of the conviction including date applied, conviction type and the penalty imposed:

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*\*If you are in any doubt as to whether a convictions is deemed spent under this Act, we strongly recommend that you seek guidance from a qualified legal professional as failure to answer this question correctly could result in your insurance contract being invalidated or cancelled.*

13. Have either you (the Proposer) or any other person(s) driving the vehicle had any accidents, losses or settled claims in last 5 years other than two windscreen claims and/or one other type of claim where the total did not exceed €5k or have any outstanding/pending motor insurance claims?

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If your answer is Yes, please confirm full details of the claims including incident date, incident type, amount paid and status of the claim i.e. if open or finalised:

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14. Do you confirm that all questions asked in connection with this application for insurance have been answered honestly and with reasonable care and any information voluntarily provided has been provided honestly and with reasonable care?

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Please use the following section if you would like to volunteer any additional information in relation to this application for insurance:

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*Note: You must notify your local licencing authority if you (the Proposer) and/or any other person(s) driving the vehicle have any medical condition that impairs your ability to drive (as outlined by the RSA/NDLS 'Medical Fitness to Drive Guidelines').*

### Pre-contractual Representations:

- a) You have a legal duty prior to entering into this Policy to provide responses to questions asked by Zurich in relation to the risk(s) to be insured.
- b) A matter about which Zurich asks a specific question is material to the risk undertaken by Zurich or the calculation of the premium by Zurich, or both.
- c) You have a legal duty to answer all questions asked by Zurich honestly and with reasonable care.
- d) While Zurich acknowledges that you have no legal duty of voluntary disclosure, you shall ensure that information which is voluntarily provided by you or on your behalf is provided honestly and with reasonable care.

### Please read the following Declarations carefully

I/We declare that if anything on this form was written by another person he or she has acted as my/our agent for this purpose.

I/We consent to Zurich disclosing my/our personal data to other companies within the Zurich Group and/or to third parties such as agents or service providers appointed by Zurich, regulatory bodies, legal advisors and/or to other Insurance Companies for the purposes of processing my/our insurance, processing claims, statistical analysis, underwriting purposes, fraud prevention, market research, risk management and advisory purposes.

I/We ☐ consent to Zurich, or any company within the Zurich Group, using my/our personal data for marketing purposes. I/We understand that at any time in the future I/We can ask not to receive direct marketing and information about new products and services from Zurich by writing to: Zurich Insurance, PO Box 78, Wexford.

I/We consent to the transmission of personal data overseas.

I/We understand that Zurich may record telephone calls for security and training purposes and to ensure the highest level of customer service.

I/We acknowledge that I/We have the right to apply for a copy of my/our file and to have any inaccuracies corrected.

Do you confirm the above Declarations are accurate?

Proposer's Signature:

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Date

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*N.B. The insurer reserves the right to decline any proposal and no insurance is effective until the insurer (or its authorised agent) has accepted the proposal and has issued a certificate of motor insurance.*

Zurich Insurance Europe AG is authorised by the Federal Financial Supervisory Authority (BaFin) in Germany and is regulated by the Central Bank of Ireland for conduct of business rules.

Zurich Insurance Europe AG is registered in Frankfurt, Germany (registration number pending) with its registered seat at Platz der Einheit 2, 60327, Frankfurt A.M.

Registered in Ireland as a branch (registration number pending) with registered branch office at Zurich House, Frascati Road, Blackrock, Co. Dublin, A94X9Y3.

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