

Autovan

Commercial Motor Insurance

Proposal form

Agent's name

Agent's number

Policy number

Note:

Please use BLOCK CAPITALS and tick YES or NO where appropriate. Please initial any alterations.

A. Proposer

Title (Mr, Mrs, Miss etc.)

First name

Surname

Date of birth

Type of licence (e.g. Irish, EU, Full, Provisional)

Daytime tel. no.

Evening tel. no.

Email address

Postal address:

Address at which vehicle is kept (If different from postal address):

Occupation/Business/Trade

☐ Full ☐ Part time

Employer's business

☐ Full ☐ Part time

Is proposer registered for VAT?

☐ Yes ☐ No

Or exempt under current regulations?

☐ Yes ☐ No

VAT no. (If applicable)

Cover to commence from

To

B. The vehicle

Make and exact model

Type of body (e.g. Van/Articulated etc.)

Maximum carrying capacity

Registration no.

Year of make

Date purchased

Present value

Left hand drive?

No. of fixed seats

Has the vehicle/trailer been altered/modified in any way from manufacturer's design or specification? (e.g. side windows, additional seating)

☐ Yes

☐ No

If Yes, please provide details:

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.....

.....

.....

Where is the vehicle kept overnight? (tick as appropriate)

☐ Garage

☐ Private property

☐ Public highway

Is the vehicle owned by you and registered in your name?

☐ Yes

☐ No

If No, please provide details:

.....

.....

.....

Do you or your spouse/partner own or lease any other vehicle(s)?

☐ Yes

☐ No

If Yes, please provide details:

.....

.....

.....

Is the vehicle registered as a private car or commercial vehicle?

Do you hold a current certificate of road worthiness?

(DOE) As required under the Statutory Vehicle Testing Regulations.

☐ Yes

☐ No

C. Cover and use

Vehicle cover required: (Tick as appropriate)

☐ Comprehensive ☐ Third Party Fire & Theft ☐ Third Party Only

Will a trailer/semi-trailer be used? ☐ Yes ☐ No

If so,

Trailer/Semi-trailer description

Max carrying capacity

Serial no:

Value

Trailer cover required: (tick as appropriate)

☐ Comprehensive ☐ Third Party Fire & Theft ☐ Third Party Only

State the type of goods carried:

(making special reference to goods of a corrosive, toxic, explosive or flammable nature)

Do you provide a goods carrying service for hire or reward? ☐ Yes ☐ No

Do your operations involve use on airfields? ☐ Yes ☐ No

Will the vehicle be used on the Continent of Europe or in the United Kingdom? ☐ Yes ☐ No

If Yes to any of the above, please provide details:

Estimated annual mileage

D. No claim discount

Do you hold or have you ever held commercial vehicle insurance in your own name? ☐ Yes ☐ No

If Yes, please specify:

Name of insurer

Expiry date

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No. of years No Claim Discount

%

If you are entitled to a No Claim Discount in respect of the proposed vehicle, please attach the previous Insurer's renewal notice or other evidence of No Claim Discount.

E. Optional Extension

Do you wish to add Windscreen Cover?

(Automatically covered under Comprehensive Policies)

☐ Yes ☐ No

F. Drivers

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 2	Driver 3	Driver 4
Full name			
Gender			
Date of birth			
Type of licence (e.g. Irish, EU, Full, Provisional)			
Relationship to proposer			
Occupation (Full/Part Time)			
Employer's business (Full/Part Time)			
Own insurance or full time use of Company Car?			

Are you the main driver of the vehicle?

☐ Yes ☐ No

If No, state name of main driver:

G. Driving and medical history

Have you or any named driver above:

1. had any accidents, losses or claims during the past five years?
(regardless of blame and whether reported to the Insurer or not) ☐ Yes ☐ No
2. ever been convicted of any offence in connection with any motor vehicle or
are there any Garda enquiries or prosecutions pending? ☐ Yes ☐ No
3. had any insurance proposal or renewal declined, policy cancelled or subjected
to any increased premium or any excess or special condition? ☐ Yes ☐ No

You need to have disclosed any medical condition requiring notification to
the relevant licensing authority, this also applies to named drivers.

(If Yes to questions 1 and/or 2 above, please provide full details)

Name	Date of accident/ prosecution/conviction	Type of claim/total cost and/or outstanding estimate	Details of accident and/ or penalty imposed as a result of conviction

- (If Yes to question 3 above, please provide full details)

Name	Details

Data Protection

Zurich Insurance plc ('Zurich') will hold your details in accordance with our Data Protection and Privacy Policy together with all applicable data protection laws and principles.

Information you supply may be used by us for the purposes of administering your policy (including underwriting, processing, claims handling and fraud prevention) within the Zurich Insurance Group and our partners inside and outside the European Economic Area.

We may share with our agents and service providers, members of the Zurich Insurance Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing and regulatory bodies (of which we are a member or by which we are governed) information we hold about you and your claims history. This includes the Insurance-Link database and Insurance Ireland's anti-fraud claims matching database. We may also in certain circumstances use private investigators to investigate a claim.

In order to prevent and detect fraud and the non-disclosure of relevant information Zurich may at any time:

- Share information about you with companies within the Zurich Insurance Group, other organisations outside the Zurich Insurance Group including where applicable private investigators and public bodies including An Garda Síochána.
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this.
- Below is a sample of such databases used:
 - the Insurance Link Anti-Fraud register (for more info see www.inslink.ie).
 - the Integrated Information Data System ('IIDS') to verify information including penalty points and NCD.
 - MIAFTR (Motor Insurance Anti-Fraud and Theft Register) operated by the Association of British Insurers in the UK to logs all insurance claims relating to written-off and stolen vehicles in the UK
 - The National Vehicle File, maintained and supported by the Department of Transport, Tourism and Sport, containing details of all registered vehicles in the Republic of Ireland.
 - Companies Registration Office.

The databases used are not limited to those listed above and are subject to change at any time.

Zurich may also use your personal data, the personal data of your named drivers or members of your household, information about your vehicle or property to search these agencies, databases and other publically available information to:

- Help make decisions about the provision and administration of insurance, credit and related services for you.
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your insurance policies with Zurich.
- Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity.
- Undertake credit searches and additional fraud searches.

Information about claims (whether by our customers or third-parties) made under policies that we provide is collected by us when a claim is made and placed on an industry database of claims known as Insurance Link. This information may be shared with other insurance companies, self-insurers or statutory authorities.

Insurance companies share claims data:

- a. to ensure that more than one claim cannot be made for the same personal injury or property damage,
- b. to check that claims information matches what was provided when insurance cover was taken out,
- c. and, when required, to act as a basis for investigating claims to verify recorded information or when we suspect that insurance fraud is being attempted.

The purpose of Insurance Link is to help us identify incorrect information and fraudulent claims and, therefore, to protect customers.

Information about insurers' obligations in relation to your information is contained in the Data Protection Commissioner's Code of Practice on Data Protection for the Insurance Sector which is available at www.dataprotection.ie

Data Protection (continued)

Under the Data Protection Acts 1988 and 2003 you have a right to know what information about you and your previous claims is held on Insurance Link. If you wish to exercise this right then please contact us at the address below.

We may also need to collect sensitive personal data (for example, information relating to your physical or mental health or the commission or alleged commission of an offence) to assess the terms of insurance we issue/arrange or to administer claims which arise.

Unless you have advised us otherwise, we may share information that you provide to companies within the Zurich Insurance Group and with other companies that we establish commercial links with so we and they may contact you (by email, SMS, telephone or other appropriate means) in order to tell you about carefully selected products, services or offers that we believe will be of interest to you.

Please tick here if you do not wish your information to be utilised for these purposes ☐

You have a right of access to and a right to rectify data concerning you under the Data Protection Acts 1988 and 2003. Should you wish to exercise this right, please write to the Data Protection Officer, Zurich Insurance, PO Box 78, Wexford, Ireland. To access your data, a fee of €6.35 is chargeable under the terms of the Data Protection Acts and cheque should be made payable to Zurich.

By providing us with your information and proceeding with this contract, you consent to all of your information being used, processed, disclosed, transferred and retained for the purposes of insurance administration (including underwriting, processing, claims handling and fraud prevention).

Please note that a copy of our full Data Protection and Privacy Policy can be viewed on our website www.zurichinsurance.ie or requested by writing to our **Data Protection Officer, Zurich Insurance, PO Box 78, Wexford, Ireland.**

Declaration

1. I/We declare to the best of my/our knowledge and belief that the information given on this form is true in every respect.
2. I/We declare that if anything on this form was written by another person he or she acted as my/our agent for this purpose.
3. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurer.

Signature

Date

IMPORTANT NOTICE: Failure to disclose material facts could result in your contract being invalidated/cancelled, a claim not being paid or difficulty in obtaining insurance in the future. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in doubt as to whether a fact is material you should disclose it. A copy of this proposal form is available on written request within three months from the date of this proposal. Full details of the cover provided appears in the policy document, a copy of which is available on request. Telephone calls may be recorded for security and training purposes.

The Insurer reserves the right to decline any proposal.

