

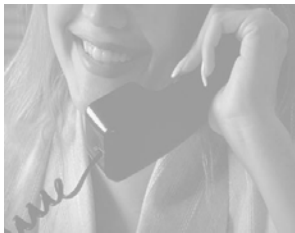
 **CompuCar**  
Underwriting Agency

**Taxi Fleet  
Insurance Proposal**

[www.compucar.net](http://www.compucar.net)



*Self Drive Daily Rates...*



*Help Line Support...*



*Motor Fleet...*



*Controllable Insurance Cover...*



*Motor Insurance Database...*

Authorised and  
regulated by the  
Financial Services  
Authority  
Firm reference  
number 307454



Underwritten by



## ▶ How to complete this Proposal Form

### Step 1

**IMPORTANT** You must complete **pages 2 to 4**, the declaration on **page 5** and enter Advanced Premium Payment amount on **page 8**

### Step 2

Please read carefully the Declaration, Complaints and Important Information **pages 5 to 8**

### Step 3

Here are a list of the sections of Insurance that you **must** complete. **This MUST be COMPLETED by the PROPOSER**

Page **2** ▶ Your Company Information

Page **2** ▶ Vehicle details

Page **3** ▶ Driver details

Page **4** ▶ Claims History

Page **5** ▶ Declaration

#### Other Information

Page **5** ▶ Complaints

Page **6** ▶ Important Information

Page **7** ▶ Important Information

Page **8** ▶ Terrorism Exclusion

Page **8** ▶ Premium Payment

If you have any problems completing this Proposal Form contact either your Broker or call CompuCar on **0870 4607099**

**YOUR COMPANY DETAILS (PLEASE WRITE IN CAPITALS)**

Full Name of Company \_\_\_\_\_

Company Registration Number \_\_\_\_\_ Licensing Authority \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Names of Partners/Directors Name \_\_\_\_\_ Age \_\_\_\_\_

*If there are more, please provide on a separate sheet*

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Type of Cover required Comprehensive  Third Party only  Maximum Indemnity per vehicle £ \_\_\_\_\_

Trading/Circuit Name(s) \_\_\_\_\_ No. of years established \_\_\_\_\_

Postal Code of base if different from above \_\_\_\_\_

Use required (All Policies include Social Domestic and Pleasure)

Private Hire Yes  No

Public Hire Yes  No

Chauffeur Hire/Weddings only Yes  No

Is policy fleet rated **Yes/No** Target Premium £ \_\_\_\_\_

Latest Insurers \_\_\_\_\_ Policy Number \_\_\_\_\_

Current Rates \_\_\_\_\_ Expiry Date \_\_\_\_\_

**NO. OF VEHICLES IN FOLLOWING CATEGORIES (or forward a full Schedule)**

|                                                 | Group 1 to 10 | Group 11 to 14 | Group 15 to 16 | Group 17 +   | Black Cab<br>4 Passengers | Black Cab<br>5-8 Passengers |
|-------------------------------------------------|---------------|----------------|----------------|--------------|---------------------------|-----------------------------|
| Total number of vehicles in each group category |               |                |                |              |                           |                             |
| Vehicle value range                             | £<br>to<br>£  | £<br>to<br>£   | £<br>to<br>£   | £<br>to<br>£ | £<br>to<br>£              |                             |
| Vehicle year of manufacture range               | to            | to             | to             | to           | to                        |                             |

**PERMITTED DRIVERS**

1. Give number of all Drivers in their various age groups who must have held a Full UK Licence for more than 3 Years

| 25-27 | 28-33 | 34-39 | 40-49 | 50-59 | 60-69 |
|-------|-------|-------|-------|-------|-------|
|       |       |       |       |       |       |

2. Give details of all Drivers with a conviction history in the last 5 years

| Drivers Name | House No./ Postcode | Offence date | Offence Code | Penalty/fine | Penalty points Disqualification Period |
|--------------|---------------------|--------------|--------------|--------------|----------------------------------------|
| 1            |                     |              |              |              |                                        |
| 2            |                     |              |              |              |                                        |
| 3            |                     |              |              |              |                                        |
| 4            |                     |              |              |              |                                        |
| 5            |                     |              |              |              |                                        |

3. Give details of all drivers with any accident , claim or loss within the last 3 years or complete page 6

|   | Drivers Name | House No./ Postcode | Accident date | Circumstances | Total claims cost |
|---|--------------|---------------------|---------------|---------------|-------------------|
| 1 |              |                     |               |               |                   |
| 2 |              |                     |               |               |                   |
| 3 |              |                     |               |               |                   |
| 4 |              |                     |               |               |                   |
| 5 |              |                     |               |               |                   |

4. Give details of all drivers with medical conditions

| Drivers Name | Medical condition | DVLA informed | Type of Medication | Any restrictions applied |
|--------------|-------------------|---------------|--------------------|--------------------------|
| 1            |                   |               |                    |                          |
| 2            |                   |               |                    |                          |
| 3            |                   |               |                    |                          |
| 4            |                   |               |                    |                          |

**Remember** – Confirmed Claims Experience for Taxi Fleet is required

Please note: Where your customer has previously held Taxi Fleet Insurance any quotation given will be subject to receiving up to date evidence of Claims Experience from the Insurer concerned covering the last 3 years.

## ▶ Claims History

Please complete this question if you are taking any section other than Road Risks only.

| Date of Occurrence | Drivers name | Brief details of each incident (whether a claim was made or not) | Cost | Paid or Outstanding |
|--------------------|--------------|------------------------------------------------------------------|------|---------------------|
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|                    |              |                                                                  |      |                     |

## ▶ Declaration

Please read this declaration carefully before signing and dating.

I/We apply for cover with respect to the sections of insurance I/We have indicated.

I/We have answered the appropriate questions and declare that

- To the best of my/our knowledge and belief the information given is true in every respect
- If anything on this proposal was written by another person he/she acted as my/our agent for this purpose
- I/We will provide at the end of each period of insurance information as required by the Company concerning those covers which are on an adjustable basis and will pay such additional premium as may be required
- I/We will notify the Company of any changes in material facts immediately I/we shall become aware of them

I/We agree that

- This Proposal shall be the basis of the contract between me/us and the Company
- I/We will accept the Company's policy applicable to the insurance
- I/We will pay the premium to the Company when called upon to do so
- Since it is an offence under the Road Traffic Act to make any false statements or withhold any material information for the purpose of obtaining a certificate of insurance that this form is fully and correctly completed.

I/We understand that you will pass the information on this form about any incident I/we may give details of to IDS Ltd and ABI so that they can make it 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 and ABI may pass you information it has received from other insurers about other incidents anyone insured to drive the vehicle covered under the policy has been involved in.

Date

Signature

## ▶ Complaints about your Policy

### What to do if you have a complaint

If you have an enquiry or complaint about your policy, contact either your insurance adviser or CompuCar Insurance who issued your policy. Please have your policy details ready, especially your policy number, so that your enquiry can be dealt with quickly.

If you are not satisfied with the way a complaint has been dealt with, please write to the manager of the office that issued your policy. If you are still not satisfied, write to; The Chief Executive, CompuCar Insurance Ltd., PO Box 228, Bury St Edmunds, Suffolk, IP28 6DL

If you are still unable to resolve your complaint you may refer your complaint ( if you are defined as a retail customer) to the Insurance Division, Financial Ombudsman Services, South Quay Plaza, 183 Marsh Wall, London, E14 9SR

### The law applicable to this contract

You and we are free to choose the law applicable to this contract. In the absence of an agreement to the contrary the law of England and Wales will apply. If you reside in (or in the case of business, the registered office /principal place of business) Scotland, Northern Ireland, the Channel Islands or the Isle of Man the law applicable to that appropriate country will apply.

## ▶ Important Information

Please take a few moments to read this document as it contains important information relating to the details that you give us. You should also show this document to anyone else who is to be covered under your Policy.

Your information will be held by Compucar Limited.

### **Data Protection Notice**

Please read the following carefully as it contains important information relating to the details you have given us. You should show this notice to any other party related to this insurance.

We are required to send you this information to comply with current Data Protection legislation. It explains how we use your details and tells you about the systems we have in place that allow us to detect and prevent fraudulent applications and claims. The savings that we make help us to keep premiums and products competitive.

### **Managing your Insurance Policy**

We will use the information that you give us to manage your Insurance Policy, including underwriting and claims handling. This may include disclosing it to other Insurers, Regulatory Authorities or to our Agents who provide services on our behalf.

### **Sensitive Information**

In order to provide you with Insurance we need to process sensitive information (such as information about health or criminal convictions) about you and others named on the Insurance Policy. Please get consent from the other people named on your Policy before sharing their sensitive information with us.

### **Automatic Premium Payment**

If you have taken advantage of our automatic monthly payment service we will retain your payment details securely on our files so that we can take your premium each month. Each month we will write to you in advance to remind you that this is happening and the amount of premium being taken.

### **Motor Insurance Database**

Your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers' Information Centre (MIIC). MID data may be used by the DVLA and DVLNI for the purpose of Electronic Vehicle Licensing and by 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.

If you are involved in an accident (in the UK or abroad), other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to obtain relevant policy information.

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

You can find out more about this by contacting us as shown below, or at [www.miic.org.uk](http://www.miic.org.uk)

### **Fraud Prevention, Detection and Claims History**

In order to prevent and detect fraud we may at any time: share information about you with other organizations and public bodies including the Police.

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. We and other organisations may also use and search these agencies and databases to:

Help make decisions about the provision and administration of insurance, credit and credit related services for you and members of your household.

Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies.

Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity.

Undertake credit searches and additional fraud searches.

We can supply on request further details of the databases we access or contribute to.

Claims history – Under the conditions of your policy you must tell us about any Insurance related incidents (such as accident, fire, theft or malicious damage) whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to a database.

We may search these databases when you apply for insurance, in the event of any incident or claim, or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Limited (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. When we deal with your request for insurance we may search these registers. Under the conditions of your policy you must tell us about any Insurance related incidents (such as fire, water damage, theft or an accident ) whether or not they give rise to a claim. When you tell us about an incident, we will pass information relating to it to the registers.

We may search these databases when you apply for insurance, in the event of any incident or claim, or at time of review to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

**You should show these notices to anyone insured to drive the vehicles covered under the policy.**

## How to contact us

On payment of a small fee you are entitled to receive a copy of the information we hold about you. If you have any questions, or would like to know more about this notice you can write to **The Data Protection Officer, CompuCar Limited, PO Box 228, Bury St Edmunds, Suffolk, IP28 6DL**

## How to Claim

If you want to make a claim under this policy, call the

**CompuCar Customer and Claims Help Line 0870 4607503 or email [janice@compucar.net](mailto:janice@compucar.net)**

## Cancellation rights

**If the policy is in the name of an individual and not in the name of a company, you have the right to cancel your policy during a period of 14 days after the later of the day of purchase of the contract or the day on which you receive your policy documentation.**

If you wish to do so, and the insurance cover has not yet commenced, you will be entitled to a full refund of the premium paid.

Alternatively, if you wish to do so and if the insurance cover has already commenced, you will be entitled to a refund of the premium paid, subject to a reduction for the time for which you have been covered. This will be calculated on a pro-rata basis for the period in which you received cover and will include an additional charge to cover the administrative cost of providing the policy.

To exercise your right to cancel your policy, please contact your insurance adviser shown on your policy schedule . Please also return your certificate of motor insurance.

If you do not exercise your right to cancel your policy, it will continue in force for the term of the policy and you will be required to pay the premium stated.

## The Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme ("FSCS"). You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim.

For compulsory classes of insurance, insurance advising and arranging is covered for 100% of the claim, without any upper limit.

Further information about compensation scheme arrangements is available from the FSCS.

## Data Protection

Your information (including information we already hold and may receive now and in the future as well as information about lapsed policies) may be held on a group database and may be shared with other CompuCar group companies. This will allow us to reflect all the connections that you have with the CompuCar group. Your information will be used for general insurance administration purposes, for offering renewal, for research and statistical purposes and for crime prevention. In the course of performing our obligations to you, your information may be disclosed to agents and service providers appointed by us, including insurers, consultants, market research and quality assurance companies. Your information may be transferred to any country including countries outside the European Economic Area for any of these purposes and for systems administration. Such information may include "sensitive data"

The Data Protection Act 1998 defines sensitive data as information about your racial or ethnic origin, political opinions, religious beliefs or beliefs of a similar nature, trade union membership, physical condition or mental health, sexual life, criminal record, pending court proceedings or sentence or any alleged offence.

You have the right to access (subject to limited exceptions) and if necessary rectify the information that we hold about you.

We may use your information to keep you informed by post, telephone, e-mail or other means about products and services which we feel will be of interest to you. This may include products and services offered by other businesses approved by us and to whom we have disclosed your information to enable them to contact you direct. Your information may be disclosed and used for these purposes after your policy has lapsed.

You should show these notices to anyone insured to drive the vehicles covered under the policy.



## General Exclusion - Terrorism

Any accident, injury, loss or damage arising which directly or indirectly relates to Terrorism is not covered, except as is strictly required under the Road Traffic Act 1988. Terrorism means any act or the use or threat of force (whether or not in the United Kingdom) which (including but not limited to):

endangers the life of a person or persons or involves serious violence against a person or persons;  
involves damage to property;

creates a serious risk to the health and safety of the public or to any member of the public;  
interferes with or disrupts any electronic or satellite system; or

involves the use of firearms, explosives, biological, chemical, nuclear or other means;

which is committed by a person or any group of people, whether acting alone or in connection with any organization or government, for political, religious or ideological purposes and/or to influence any government or to put any member of the public in fear.

### ▶ Terms & Conditions for Premium Direct Debit Payments

Please read the following Terms and Conditions of your Direct Debit Insurance Premium payments and deposit premium. If you are unsure about any aspect of these Terms & Conditions, please contact your Broker or CompuCar for guidance.

#### Advanced Premium Payment

You will be required to pay an Insurance Premium Deposit. This sum of money is credited to your account. The Deposit required is usually based on **twice** your expected average monthly Premium. This therefore represents two month's Advance Premium.

It is important that the likely number of vehicles and drivers has been correctly stated as this will form the basis of the deposit premium. If you understate the correct total a subsequent Direct Debit payment will be required to maintain the correct deposit premium level.

#### Here's how it works!

You pay your agreed Deposit to CompuCar as stipulated on your quotation. Once you commence using the CompuCar system a Report is produced daily for our accounts department, which shows the financial position of your account at that point. If our system calculates that your potential Monthly Premium will exceed your Deposit we will inform you, agree on an amount and apply for this increase in Deposit by Direct Debit.

Remember, this is due to your deposit always representing twice your actual monthly premium. You will be Direct Debited for your actual Monthly Premiums at the end of each month when you receive your invoice. This Invoice is taken on or around the 14<sup>th</sup> of the Month.

#### What happens if my Direct Debit fails to clear?

If your Direct Debit fails to clear on the request of CompuCar then we have the option of temporarily suspending your Account until your Insurance payment is received. We will also request that a Holding Deposit equal to two months expected premium is held before you are reconnected to the CompuCar System.

In the event of you cancelling your Insurance with CompuCar, your Deposit will be reimbursed minus any Premiums you have incurred to cancellation date or up.

Remember to make sure there are sufficient funds in your account to clear any Direct Debit

**YOUR MONTHLY INSURANCE PREMIUMS INCURRED WILL BE DEDUCTED BY DIRECT DEBIT AFTER YOU HAVE RECEIVED YOUR MONTHLY INVOICE. A DEPOSIT PREMIUM WILL BE REQUIRED USUALLY EQUIVALENT TO TWO MONTHS ESTIMATED PREMIUM**

#### Advance Premium Payment

Please insert your maximum Advance Insurance Premium Deposit, which can be taken by Direct Debit at any one time without notice

**Please insert Advance Premium Deposit as stated on your Quotation to be paid by Direct Debit**

**Penalty Payment Charges Refused Direct Debit Payment Cost £7.50**

£



**CompuCar Insurance Limited**

PO Box 228  
Bury St Edmunds  
Suffolk  
IP28 6DL

Tel 0870 4607099  
Fax 0870 4607097  
Email [marketing@compucar.net](mailto:marketing@compucar.net)  
[www.compucar.net](http://www.compucar.net)



*Road Risks...*



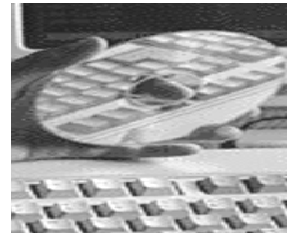
*Monthly Policy...*



*Motor Traders Premises...*



*Claims & ULR...*



*Fleet Management Software...*

MTFT1-03/05

Authorised and regulated by the  
Financial Services Authority  
Firm Reference No 307454



Complaints which CompuCar cannot settle  
may be referred to the Financial  
Ombudsman Service