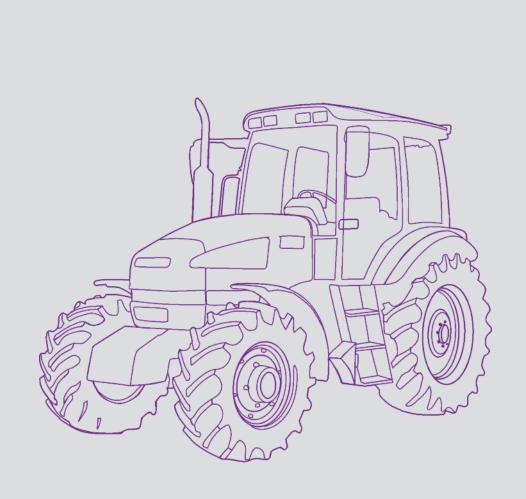
SPECIAL VEHICLE PROPOSAL FORM





COVER FOR THE SPECIAL VEHICLE MARKET

IMPORTANT NOTE You are under a duty to make a fair presentation of the risk to us before the inception, renewal and alteration of your policy. This means that you must tell us about and/or provide to us all material information or tell us and/or provide to us sufficient information to alert us of the need to make further enquiries to reveal such material information. This information needs to be provided in a clear and accessible manner. Material facts are those which are likely to influence us in the acceptance of the terms or pricing of your policy. If you have any doubts as to whether any information is material you should provide it to us. Failure to disclose any material fact may invalidate your policy in its entirety or may result in your policy not responding to all or part of an individual claim or class of claims. In order to comply with your duty to make a fair presentation you must also have conducted reasonable searches for all relevant information held: • within your business (including that held by your senior management and anyone who is responsible for your insurance); and by any other person (such as your broker, intermediary or agent or a person for whom cover is provided by this insurance) YOU THE PROPOSER PLEASE USE BLOCK CAPITALS Title Forenames and Surname Address Tel. No. Town County Post Code Occupation and type of business **2 VEHICLE DETAILS** Maker's Name Description Date Present value Registered Letters and Numbers Year of Purchased of Vehicle (Chassis No. if not to be Registered) £

THRESHING MACHINES (including drums), BALING MACHINES (including Trussers and Tiers), COMBINE HARVESTERS AND GRASS DRIERS - whilst attached to the insured vehicle these machines are included for Third Party cover without additional premium. If 'YES' please give description of each machine Do you want additional cover for these machines? Value Make Serial No Third Party Risks whilst detached and out of use? YES/NO YES/NO £ Damage Risks (whether attached or not)? iii Fire and Theft Risks (whether attached or not)? YES/NO OTHER TRAILERS - Whilst attached to the insured vehicles these are included for Third Party cover without additional premium. If 'YES' please give description of each trailer Do you want additional cover for other trailers? Make Value Serial No. Comprehensive Risks whilst Detached? YES/NO Third Party Fire and Theft Risks whilst detached? YES/NO £. £ iii Third Party Risks whilst detached? YES/NO 3 DETAILS OF COVER Please tick (✓) cover required: Comprehensive **Third Party Fire and Theft Third Party Only** If NO give details

YES/NO

YES/NO

If NO give details

Do you own the vehicle?

be in your name.

Is it registered in your name?

If the answer is "No" to either of the above please explain why the insurance is to

4	4 DETAILS OF PERSONS WHO WILL DRIVE YOUR VEHICLE (Drivers under 25 years of age will be excluded unless disclosed)									
Is driving to be restricted to one named driver? YES/NO YES/										
PLEASE GIVE DETAILS OF YOURSELF AND <u>ALL</u> OTHER PERSONS WHO MAY DRIVE. (Full information is required, ticks and dashes are not acceptable)										
	Name	Date of Birth	Age	Precise occupation ful time. If unemployed s of previous emplo	tate nature	How long resident in U.K.?		U.K. licence; full, pro eld. State country of i Years	Any physical or mental defect, impairment of sight, hearing, heart, diabetic or epileptic condition or other complaint?	
Y	DURSELF	Ditti		or previous emple	Jinene	O.K.	1,700	rears	Months	condition of outer companies.
\vdash										
\vdash										
5	5 INSURANCE HISTORY									
а	How long have you o	wned the ve	hicle(s)	declared?			>			
b	State name of previou (if entitled to no claim	-			oer		•			
С	Have you or any pers	on who may	drive th	ne vehicle:			•			
	i had any motoring convictions in the last 5 years or are there any prosecutions pending or police enquiries outstanding (including fixed penalty offences)?									
	ii had any criminal criminal offence b			charged with	a	YES/NO				
d	Have you or:									
	i any director or pa	rtner in the b	ousiness	,						
	ii any partner in any partnership, or iii any director of any company									
	either in the name of the business proposed or in the name of any other business in which any of you have had an interest: a ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required for special conditions imposed by any insurer? b ever been the subject of a County Court Judgement and/or ever been cited in any unsatisfied court judgements (or the Scottish equivalent) within the last 10 years?									
										,
										YES/NO >
	c ever been declare liquidation, a win									
е	Have there been any a during the past 3 yea may drive?					•		~		who YES/NO >
	If 'YES' please comp	lete nanel he	elow.							
	ii i i i i picase comp	Total pariet oc								
	Date	Driver		Total Cost or Estimated Cost				Brief des (Give		
				Own Damage	1 111	ird Party				
6	6 COVER TO OPERATE FROM DAY MONTH YEAR FOR MONTHS									

7 DATA PROTECTION AND DECLARATION

At NIG we are aware of the trust you place in us when you buy our products and our responsibility to protect your information.

Please ensure you have read our Privacy Statement, which is provided under separate cover and describes who we are, why we need to collect your information and how we will use it. We will also tell you who we share our information with and how we use it to improve the service we provide to our customers.

Motor Insurance Database (MID)

Information relating to your 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 authorized bodies including the police, the DVLA, the DVANI, the Insurance Fraud Bureau and other bodies permitted by law for purposes not limited to but including:

- Electronic Licensing;
- Continuous Insurance Enforcement;
- Law enforcement (prevention, detection, apprehension and or prosecution of offenders);
- 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 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 MID.

It is vital that the MID holds your correct registration number. It is our responsibility to update your policy to the MID. We fully comply with the agreements in place with the MIB to update your details within seven days, however it is important that you check your policy documents, ensuring that the registration number is recorded correctly.

If it is incorrectly shown on the MID you are at risk having your car seized by the Police. You can check that your correct registration number is shown in the MID at www.askMID.com. If the registration number is not shown correctly on your policy documents, or you cannot find your car on the MID, please contact us immediately.

Choice of Law

Under European Law, you and we may choose which law will apply to this contract. English Law will apply unless both parties agree otherwise. We have supplied this Agreement and other information to you in English and we will continue to communicate with you in English.

Declaration

I/We declare that:

- a if any answer has been printed or written by any other person, he/she shall be my agent for that purpose. I also confirm that any data which I have supplied in this form about other persons is given with their knowledge and authorisation
- b to the best of my/our knowledge and belief the information given in this form is correct and complete in every detail
- **c** I/we accept and conform to the terms, conditions and exceptions of the policy (a specimen of which is available on request) in the standard form issued by the Company for the Insurance now proposed and I will pay the premiums thereon.

d		I/we consent for n	ny appointed bro	oker or agency to o	liscuss my persona	l information with NI	G on my/our behalf.
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Proposer's Signature	Status	Date	

It is recommended that you keep a record of all information supplied, (including copies of letters) for the purpose of entering into this contract. You may also apply for a copy of this form within the next three months.

A specimen copy of the policy form is available on request which gives details of the Company's Complaints procedure. The Company reserves the right to decline any Proposal submitted.

8 FOR USE OF BROKER/AGENT			
	PREMIUM CALCULATION BER RENCE B PREMIUM £		
FOR USE OF BROKER/AGENT			
DDEANUM CALCULATION			
AGENCY NUMBER			
PROVED DESERVOE			
BROKER REFERENCE			
Area			
Yrs NCB			
I.P. Tax (where applicable)			
TOTAL £			

	ADDITIONAL INFORMATION							
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