



Continued	Driver 1	Driver 2	Driver 3
Estimated annual mileage	Hire & reward <input type="text"/>	Hire & reward <input type="text"/>	Hire & reward <input type="text"/>
	Social <input type="text"/>	Social <input type="text"/>	Social <input type="text"/>
	Other <input type="text"/>	Other <input type="text"/>	Other <input type="text"/>
If the driver works specific shift patterns and/or jobs, tick all that apply	Mornings <input type="checkbox"/> Day <input type="checkbox"/>	Mornings <input type="checkbox"/> Day <input type="checkbox"/>	Mornings <input type="checkbox"/> Day <input type="checkbox"/>
	Early eve. <input type="checkbox"/> Nights <input type="checkbox"/>	Early eve. <input type="checkbox"/> Nights <input type="checkbox"/>	Early eve. <input type="checkbox"/> Nights <input type="checkbox"/>
	Airports <input type="checkbox"/> Account <input type="checkbox"/>	Airports <input type="checkbox"/> Account <input type="checkbox"/>	Airports <input type="checkbox"/> Account <input type="checkbox"/>
	Contracts <input type="checkbox"/>	Contracts <input type="checkbox"/>	Contracts <input type="checkbox"/>
If DSA test passed, give date and level	Date <input type="text"/>	Date <input type="text"/>	Date <input type="text"/>
	Level <input type="text"/>	Level <input type="text"/>	Level <input type="text"/>
Does the driver hold a Level 2 NVQ Certificate in Road Passenger Vehicle Driving (Taxi and Private Hire)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If YES, date obtained <input type="text"/>	If YES, date obtained <input type="text"/>	If YES, date obtained <input type="text"/>
Describe the driver's geographical area of operation e.g. city, rural	<input type="text"/>	<input type="text"/>	<input type="text"/>
Licensing authority	<input type="text"/>	<input type="text"/>	<input type="text"/>
Badge/permit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date granted	<input type="text"/>	<input type="text"/>	<input type="text"/>

## **REQ** CONVICTIONS, PENDING PROSECUTIONS, OFFENCES AND DISQUALIFICATIONS

Have any of the additional drivers to be insured

- been convicted of ANY **motoring offence** (other than parking), sustained a fixed penalty which has resulted in the driving licence being endorsed or have a prosecution or enquiry pending? Yes  No
- in the last 5 years, received ANY police cautions, antisocial behaviour orders, been convicted of or charged with but not yet tried for ANY **non-motor offences** or are any police enquiries pending in the United Kingdom or elsewhere? Yes  No
- had a taxi, PHV or PSV licence / badge / permit revoked or been disciplined? Yes  No

If YES, provide FULL details below including all dates and, for motor offences, the offence code(s), the fine amount(s) and length of any ban (not restricted to the United Kingdom), continuing on an additional sheet if necessary.

Full name	Details
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## **REQ** BANKRUPTCY, INSOLVENCY AND COUNTY COURT JUDGMENTS

In the last 10 years have any of the additional drivers to be insured

- had County Court Judgments issued against them in England and Wales and/or orders or judgments for debt in other jurisdictions, set up an Individual Voluntary Arrangement (IVA), been disqualified from acting as a company director for any period of time or been declared bankrupt or insolvent? Yes  No
- been a director of a company that has gone into liquidation, receivership, been the subject of an administration order, or which has been dissolved? Yes  No

If YES, give full details including dates, individual, company and trading names, continuing on a separate sheet if necessary. You may also be required to complete a separate questionnaire.

Full name	Details
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

*Continue to Disabilities and medical history >>*

## REQ DISABILITIES AND MEDICAL HISTORY

Do any of the additional drivers to be insured have any of the conditions or disabilities below

An uncorrected defect in vision or hearing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any physical or mental infirmity including loss of or restricted limb movement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart disease, diabetes or epilepsy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any chronic condition requiring notification to the DVLA, DVA (NI) or the licensing authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If YES to any, give full details below continuing on a separate sheet if necessary.

Name	Disability or condition	Date of diagnosis	Restricted licence <input checked="" type="checkbox"/>

## REQ CLAIMS RECORD

Give full details of ALL claims or incidents (including malicious damage) in the last 5 years involving any additional driver to be insured regardless of blame and whether insured or not. If NONE, tick NONE or provide full details below continuing on a separate sheet if necessary.

NONE

	Driver 1	Driver 2	Driver 3
Name			
Date of incident			
Vehicle make and model			
Incident details including any injuries sustained			
Was the no claim bonus affected?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Third party costs, if known	£	£	£
Own damage costs	£	£	£
Were these recovered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

In the last 5 years, have you or any of the drivers named above been involved in a claim for compensation following a motor accident? If YES, give full details and state whether that person was a driver or a passenger.

Yes  No

## REQ INSURANCE HISTORY

Have any of the additional drivers to be insured	If YES give full details below continuing on a separate sheet if necessary	
Been refused insurance or renewal of a policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Had a policy cancelled due to non payment of premium or for any other reason?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Had a policy avoided?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Been asked to agree to special terms or premium?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Had a claim repudiated or refused?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

*Continue with Driving other vehicles - optional covers >>*

## OPT DRIVING OTHER VEHICLES – OPTIONAL COVERS

The insured drivers are NOT INSURED to drive any other taxis, PHVs or PSVs or any vehicles which are not shown in the policy schedule whether for business or social, domestic and pleasure purposes. These optional extensions will provide cover for the insured drivers you name below to drive certain vehicles which must be insured by the owner, not regularly available to, owned by or hired to or being test driven or evaluated by the policyholder or the named driver. All the drivers must be listed under The additional taxi, PHV and PSV drivers on pages 1-2. See pages 11-12 of the policy for full details of the cover available and the basis on which claims will be settled. All excesses, terms, conditions, exclusions and other policy limitations apply.

### Driving other Taxis, PHV'S and PSV'S

Do you require cover? Yes  No

### Chauffeurs driving customer cars

Do you require cover? Yes  No

### Driving other vehicles for social, domestic and pleasure purposes

Do you require cover? Yes  No

If you have answered YES to any of the Driving other vehicles options on the left, please contact us, your broker or agent for a quotation.

## REQ DECLARATIONS – PLEASE READ CAREFULLY THEN SIGN AND DATE

### Drivers' declaration - must be signed by the drivers named above

- I/we declare that the information given and the statements made in this form are to the best of my/our knowledge and belief, true and complete.

Drivers' signatures

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Full names

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### Policyholder's declaration - must be signed

- I/we declare that the information given and the statements made in this form are to the best of my/our knowledge and belief, true and complete. I/we acknowledge that this form will become part of the completed proposal and its declaration I/we originally completed. I/we will pay the premium when called upon to do so.
- I/we understand that any quotation already given may change when Tradex receives and assesses this completed form. Tradex has the right to impose special terms or decline to provide cover.
- I/we understand that if Tradex does not receive proof of no claim bonus from my/our insurer within 30 days of cover incepting, they will charge an additional premium and may, at their option, cancel the policy.
- I/we understand that if Tradex does not receive a copy of each additional driver's licence(s) and badge within 30 days of cover incepting they may, at their option, cancel the policy or remove the driver.

For your own benefit and protection you should re-read this and your original proposal form carefully before signing below and, if you have any queries, speak to your broker, agent or to us.

Policyholder's signature

Full name

Position in business

Date

If any part of this form has been completed by anyone other than the policyholder, please give the full name of the person who has done so and the relationship to the policyholder e.g. broker, agent, spouse, employee.

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