

# TAXI

## ADDING PERSONAL VEHICLES AND/OR THEIR DRIVERS



Your Tradex Taxi Policy gives you the opportunity to include personally owned vehicles and their drivers, for example family members who are not insured to drive your taxis, PHV's or PSV's. You may use this form to add additional vehicles and/or drivers.

**Policyholder**  **Policy no.**

### COMPLETING THIS FORM

Please complete this form in BLOCK CAPITALS. You must give full and true answers to all questions. 'YES' or 'NO' answers must not be left blank. If you need more space for any of the answers, please continue on a separate sheet.

If adding

- Vehicles only** Complete pages 1 – 3 in full then read and sign the declarations on page 6.
- Drivers only** Complete pages 4 – 6 in full then read and sign the declarations on page 6.
- Vehicles and drivers** The whole form must be completed and the declarations signed.

The key below is there to help you to complete the correct parts of the form

- REQ** Must be completed
- POS** Complete in full if cover required
- OPT** Optional covers available.

### POS THE PERSONAL VEHICLES

*Any vehicle added here will not be covered for use as a taxi, public hire or public service vehicle.*

Provide the details requested below for all vehicles to be insured.

	Vehicle 1			Vehicle 2			Vehicle 3		
Date cover is to begin									
Cover required <input checked="" type="checkbox"/>	Comp <input type="checkbox"/>	TPF&T <input type="checkbox"/>	TPO <input type="checkbox"/>	Comp <input type="checkbox"/>	TPF&T <input type="checkbox"/>	TPO <input type="checkbox"/>	Comp <input type="checkbox"/>	TPF&T <input type="checkbox"/>	TPO <input type="checkbox"/>
Registration number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drivers' full names <i>Note: Only drivers named here may be entitled to drive the specified vehicle</i>	<input type="text"/>								
Registered keeper's name	<input type="text"/>								
Owner's name, if different	<input type="text"/>								
Estimated annual mileage	<input type="text"/>								
Make and model	<input type="text"/>								
Year of manufacture	<input type="text"/>								
Engine size	<input type="text"/>								
Fuel type	<input type="text"/>								
Number of seats, including driver	<input type="text"/>								
Date of purchase	<input type="text"/>								
Purchase price	£			£			£		
Current market value	£			£			£		

[Continue with Personal vehicles >>](#)

Continued	Vehicle 1		Vehicle 2		Vehicle 3	
Is it an import not usually available in the United Kingdom or a left hand drive?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is it modified in any way from the manufacturer's standard specification including any adaptations or lifts for disabled use?	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, give full details in the box						
Is it a	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- SORN vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- being renovated or restored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is it fitted with	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- an alarm and/or immobiliser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- a tracking device?	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, give full details in the box						
- a 'black box', cameras, CCTV and/or telematics?	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, who is it supplied and maintained by?						
Is it	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
- Owned outright?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Under a hire purchase agreement or financed?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Leased or under a contract hire agreement?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Where is it parked overnight?	<input checked="" type="checkbox"/>	Postcode	<input checked="" type="checkbox"/>	Postcode	<input checked="" type="checkbox"/>	Postcode
- Road	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Driveway	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- In own garage	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Other	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
If other, provide details in the box <b>Important:</b> If cover is required for a vehicle kept outside the United Kingdom a separate questionnaire is required						
Indicate the level of excess required <input checked="" type="checkbox"/>	<input type="checkbox"/> £250		<input type="checkbox"/> £250		<input type="checkbox"/> £250	
	<input type="checkbox"/> £500 Standard		<input type="checkbox"/> £500 Standard		<input type="checkbox"/> £500 Standard	
<i>The standard excess is £500.</i>	<input type="checkbox"/> £750		<input type="checkbox"/> £750		<input type="checkbox"/> £750	
<b>Note</b> that in some instances additional or higher excesses or co-insurance may be imposed.	<input type="checkbox"/> £1,000		<input type="checkbox"/> £1,000		<input type="checkbox"/> £1,000	
	<input type="checkbox"/> £1,500		<input type="checkbox"/> £1,500		<input type="checkbox"/> £1,500	
	<input type="checkbox"/> £2,000		<input type="checkbox"/> £2,000		<input type="checkbox"/> £2,000	

Continue with Personal vehicles >>

	Vehicle 1		Vehicle 2		Vehicle 2	
	Years	Protected	Years	Protected	Years	Protected
No claim bonus <i>Proof from your insurer must be received within 30 days</i>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/>
Current or previous insurer details						
Policyholder						
Insurer name						
Policy number						
Expiry date						

## OPT OPTIONAL COVERS

### Finance gap cover

Do you require cover?    Yes     No     If YES, please contact us, your broker or agent for a quotation.

*If you are not adding any personal vehicle drivers, please go to the Declarations on page 6.*

## POS THE PERSONAL VEHICLE DRIVERS

**Note: If you are adding drivers, you must also complete those sections marked REQ below**

*If any driver listed below will be using the vehicles for any purpose other than for the described business or additional occupation uses and/or social domestic and pleasure use, those uses must be declared below and will be shown on the certificate of motor insurance and policy schedule.*

*You must provide a copy of each driver's licence(s). If not received within 30 days of cover incepting we may, at our option, cancel the policy or remove the additional driver.*

	Driver 1				Driver 2				Driver 3			
Date cover to begin	<input type="text"/>				<input type="text"/>				<input type="text"/>			
Registration numbers of vehicles to be driven <b>Note:</b> <i>Some drivers may not be permitted to drive specific vehicles or special terms may be imposed</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver's full name	<input type="text"/>				<input type="text"/>				<input type="text"/>			
Age and date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to policyholder	<input type="text"/>				<input type="text"/>				<input type="text"/>			
Home address and postcode if not the same as the policyholder's	<input type="text"/>				<input type="text"/>				<input type="text"/>			
	Postcode <input type="text"/>				Postcode <input type="text"/>				Postcode <input type="text"/>			
Marital status	<input type="text"/>				<input type="text"/>				<input type="text"/>			
Nationality	<input type="text"/>				<input type="text"/>				<input type="text"/>			
Years resident in the UK	<input type="text"/>				<input type="text"/>				<input type="text"/>			
UK licence type(s) <input checked="" type="checkbox"/>	Full car <input type="checkbox"/>	Provisional <input type="checkbox"/>	<input type="text"/>		Full car <input type="checkbox"/>	Provisional <input type="checkbox"/>	<input type="text"/>		Full car <input type="checkbox"/>	Provisional <input type="checkbox"/>	<input type="text"/>	
	HGV <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	<input type="text"/>		HGV <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	<input type="text"/>		HGV <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	<input type="text"/>	
	Other <input type="text"/>				Other <input type="text"/>				Other <input type="text"/>			

[Continue with Personal vehicle drivers >>](#)

Continued	Driver 1	Driver 2	Driver 3
UK Licence number(s)			
Years UK licence held			
Give details of non hire and reward occupations or vehicle uses including social and commuting. If none, write 'NONE' <i>Not all uses can be covered so a separate policy may be required</i>			
Estimated annual mileage	Social <input type="text"/> Other <input type="text"/>	Social <input type="text"/> Other <input type="text"/>	Social <input type="text"/> Other <input type="text"/>
Current or previous insurer details			
Policyholder			
Insurer name			
Policy number			
Expiry date			

## **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

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

## **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

[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  No  Any physical or mental infirmity including loss of or restricted limb movement? Yes  No

Heart disease, diabetes or epilepsy? Yes  No  Any chronic condition requiring notification to the DVLA, DVA (NI) or the licensing authority? Yes  No

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	Driver	Driver
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 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 to Optional driving other vehicles >>*

## OPT DRIVING OTHER VEHICLES – SOCIAL USE IN THE UNITED KINGDOM

The insured drivers are NOT INSURED to drive other vehicles. This optional extension will provide cover for the drivers named below to drive vehicles not insured by this policy but ONLY for social, domestic and pleasure use in the United Kingdom for up to 7 days. No cover is available for taxis, PHV's, PSV's, minibuses, coaches, quad bikes or any vehicle with a gross vehicle weight over 3.5 tonnes. Cover for motorcycles is only available if the driver's own motorcycle is covered by this policy. See pages 11 and 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.

**Note:** Comprehensive cover is available only if ALL insured vehicles are comprehensively insured.

If cover is required, provide details below

Driver's name	√ Third party	√ Comprehensive	√ Motorcycles
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> maximum cc <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> maximum cc <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> maximum cc <input type="text"/>

## 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

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Full names

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

### 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 claims bonus from my/our insurer within 30 days of cover incepting, Tradex 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 within 30 days of cover incepting they may, at their option, cancel the policy or remove the additional 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.

Tradex Insurance Company Limited, Victory House, 7 Selsdon Way, London E14 9GL.  
Tel: 0333 313 3030 Fax: 020 7959 7530 Email: sales@tradex.com Web: www.tradex.com

Tradex Insurance Company Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.  
Register number 202917. Registered office: Victory House, 7 Selsdon Way, London E14 9GL. Registered in England and Wales No. 2983873.

20140301/0046W