

**OPTIONS POLICY FOR UK
AND INTERNATIONAL
COMMERCIAL
VEHICLE OPERATORS**

Name any trade associations to which you belong

Commencement date required
* (one month **FREE** cover will be added to give 13 months cover)

DATE / MONTH / YEAR

Proposer
Company/Individual

Address

Title _____ Forename _____ Surname _____

_____ Post Code _____

Business/Occupation

Emergency contact

Telephone numbers

Email address _____

Name _____

Day _____ Eve _____

Are you a Transport Exchange Member? Yes No If yes specify membership number

How many Goods Vehicles do you operate? Specify the maximum number of vehicles abroad at a time

If 5 or less, please specify below the **vehicles** and **registration numbers**

<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"/>

Is any vehicle kept abroad for more than 3 months at a time? Yes No

If Yes, where?

Do all drivers and any other crew members each have a valid EHIC card? Yes No

Do all drivers and any other crew members normally live in the UK? Yes No
If No, please give details

GEOGRAPHICAL LIMITS REQUIRED (Tick boxes)

Area A	The country where You normally live	<input type="checkbox"/>
Area B	EU & Western Europe to 25°E	<input type="checkbox"/>
Area C	Eastern Bloc to 60°E	<input type="checkbox"/>
Area D	North Africa/ Middle East to 60°E	<input type="checkbox"/>

MATERIAL FACTS
It is a condition of this insurance that all material facts have been disclosed to the Insurers. Failure to do so may affect the rights of the insured person under this insurance. A material fact is a fact likely to influence Insurers in the acceptance or assessment of the insurance (for example the health of an insured person or that of a close relative). If there is any doubt as to whether a fact is a material fact then for your own protection it should be disclosed.

DECLARATION
I declare that to the best of my knowledge and belief all the information I have provided in connection with this application whether in my own hand or not is true and that all material facts have been disclosed to the Insurers. I understand any non-disclosure or misrepresentation of a material facts may entitle underwriters to void the insurance cover. I agree that this application shall be the basis of the contract of insurance. In the event of any claim being refused by the Insurers, I agree to repay all sums expended on my/our behalf. I also agree to repay any sums so expended in excess of the insured sum. I understand that the Insurers will determine their terms and conditions upon the information which I have provided and I further understand that the signing of this application does not bind me to complete nor Insurers to accept the Insurance.

All Insurers invariably request General Practitioner's verification of pre-existing conditions in the event of a claim.

Signed _____ **Dated** _____