

commercial vehicle proposal form

Summary of cover

To make it easy for you to select the cover that suits you, we have provided a quick comparison chart allowing you to see exactly how our three levels of cover compare.

SUMMARY OF COVER	COMPREHENSIVE	THIRD PARTY FIRE & THEFT	THIRD PARTY ONLY
Legal liability to other people, including passengers, following an accident involving the motor vehicle.	✓	✓	✓
Legal expenses (with our consent) for your defence in a civil case in connection with a traffic accident involving the vehicle.	✓	✓	✓
Damage to the vehicle caused by fire or theft.	✓	✓	
Replacement locks up to €700	✓	✓	
Accidental/ Malicious damage to the vehicle.	✓		
OPTIONAL EXTRA COVER AT AN ADDITIONAL PREMIUM			
Any accident, loss or damage which is caused by or is a result of strike, riot, or civil commotion.	✓		
Radio/Entertainment Equipment extension up to €350 (if not factory fitted)	✓	✓	
Trailer extension.	✓	✓	✓

This is only a very brief description of the benefits available. It is the policy, a legal document, which defines the insurance in precise terms. If you wish to see a specimen policy, please ask us, our agent or your insurance broker.

Commercial Vehicle Proposal Form

Important note: Please complete in BLOCK LETTERS, and give a definite answer to each question.

Your personal details

1 Title (*Mr/Mrs/Miss/Ms/other title*)

Name and Surname

Postal address in full

Postcode

Identity Card or Passport No.

If passport please state date and place of issue

Age Date of Birth Male/female Marital Status
(*eg married, single, etc*)

Home phone number Daytime phone number

Mobile Number

E-mail address

Company Name (*if applicable*)

Company Registration Number (*if applicable*)

Client categories description
 employed household duties in full or part-time education
 retired self employed independent means
 unemployed voluntary work not employed due to disability

Main occupation (*describe*)

Employer's or own business (*describe*)

Part-time occupation (*if applicable*)

Date driving licence obtained

Vehicle details

If you wish to cover more than one vehicle under your policy please complete a separate proposal form for each vehicle.

2 Is the vehicle an import not normally sold in this country, ie a grey import? (*Cover may be limited to Third Party Only in certain cases. Refer to us or your insurance adviser for details.*) YES NO

3 Is the vehicle normally kept at the shown address? YES NO
If 'no' please state address

4 Where is the vehicle normally kept overnight?
 garage road your driveway
 private land carport compound

5a Does the vehicle have a foreign registration number? YES NO

5b Registration number If unknown, state reasons why (*eg brand new vehicle*)

6 Year of Manufacture **7** Make (*eg Ford*) **8** Model (*eg Transit*)

9 Type of Body (*eg Truck, Van*) **10** No of Doors **11** Colour

12a Engine size cc **12b** Tonnage **13** Engine BHP

14 Vehicle fuel type
 leaded unleaded diesel

15 Is the vehicle equipped with a turbo charger? YES NO

16 Chassis Number

17 Engine Number **18** Number of seats (*including driver*)

19 Is your vehicle in a good state of repair and will it be so maintained? YES NO

20 Is the vehicle fitted with lifting equipment (E.g. crane, grab)? YES NO
Note: For the purpose of this question, a tail lift should not be regarded as lifting equipment

21 Is it fitted with a removal hard top? YES NO

22 Estimated value

IMPORTANT NOTE: Your estimate should include accessories, spare parts and duty. We recommend that you revise this value regularly since the amount payable in the event of a total loss will be the market value at the time of the loss.

23 Date of purchase **24** Price paid

25 Does the vehicle have factory fitted in-car entertainment equipment or other audio-equipment? YES NO

26a Are you the owner of the above vehicle and is it registered in your name? YES NO
If 'no' give reasons for it being insured in your name and state the name of the owner(s)

26b Is the vehicle the subject of Hire and Purchase Agreement? YES NO
If you have replied 'yes' please give name and address of Finance Company

27 Have any changes been made to maker's specifications (*such as change of engine*) other than being adapted solely to cater for any physical disability? If 'yes' give details below

28 Has a security device been fitted to the vehicle? YES NO
If 'yes' please attach a copy of the Vehicle Security Installation fitting certificate

Use

29 Give full details of all purposes for which vehicle will be used, including nature of any goods to be carried

Use and goods to be carried

Use	Goods carried
1 <input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>

Will the vehicle be used at any premises such as oil or gas refineries, fireworks factories, chemical works or similar premises? YES NO

Will any vehicle carry fuel (including liquefied gas) gas cylinders, corrosive, toxic explosive or inflammable goods? YES NO

Will the vehicle be used for:
a. professional driving tuition? YES NO

b. Do you operate as a haulage contractor? i.e. are goods, the property of others, carried for hire or reward? YES NO

c. motor trade purposes? YES NO

d. will passengers be carried for hire or reward? YES NO

e. will the vehicle be let out on hire? YES NO

f. is vehicle used in any airside restricted area? YES NO

g. is the vehicle used for racing, pacemaking, reliability trial, speed testing or off-roading? YES NO

h. is the vehicle used outside Malta for periods exceeding 30 days in anyone year? YES NO

i. is the vehicle used in more than 3 trips outside Malta in anyone year? YES NO

j. please state other uses not mentioned above (if any)

Cover may not be available for the above purposes under this policy

Motor Vehicle Driver(s)

30 The motor vehicle will be driven by: (Tick where applicable)

1. Yourself only
 2. Yourself and your spouse

Please state spouse's name

Spouse's ID number Spouse's Date of Birth

3. Any licensed driver with your permission aged 25 years or over
 4. Any licensed driver with your permission aged 21 years or over
 5. Any licensed driver with your permission aged 18 years or over
 6. You and any person provided he is in your employment and driving on your order or with your permission
 7. Named driver(s)

Cover

31 Tick as required

Third Party Only Third Party Fire & Theft Comprehensive

32 **Voluntary Excess** - applicable to all own damage claims. Our standard policy contains a €55 excess applicable to own damage claims and is increased for Theft and for Young Drivers aged under 25 (excluding windscreen claims up to a limit of €300 and theft of audio equipment claims up to a limit of €350). Tick one of the boxes if you wish to increase the €55 excess for a discount in premium. The amount shown in brackets below will be higher for Young Drivers and/or certain types of vehicles or risks.

Increase by: €55 €175
(total €110) (total €230)

33 The following benefits are available at an additional premium. Please tick the ones you require and provide the details requested.

a. Caravan Extension. Please state value and use. Value should include permanent fixtures and fittings but should exclude personal effects and other items not permanently attached.

b. Trailer Extension. Note: i&ii apply to mechanical horses, tractor units, loaders etc, iii to tippers and iv to kiosks:

i) fitted with self-loading device? YES NO

ii) fitted permanently with any item of plant other than self-loading device? YES NO

iii) A tipper trailer? YES NO

iv) Fitted with cooking equipment? YES NO

if you answered 'Yes' to (i) (ii) or (iv) state type, use, value, length and details

Cover required (for trailer)

NOTE: Cover given is normally TPO. For comprehensive or TPFT cover refer. Cover for trailer cannot exceed cover on vehicle.

Tick one box only:

Third Party Only Third Party Fire & Theft Comprehensive

Ownership: Do you own the trailer? YES NO

c. Increased Third Party "Loss of Use" limit from €1,000 to €1,500

d. Higher sum insured (over €350) for factory-fitted in-car audio equipment. (Proof of value required)

e. Cover for in-car audio equipment (not factory fitted). Please state Make, Model and Value (copy of receipt/valuation required).

Details of who will drive.

Give details of ALL persons who to your knowledge will drive, including yourself.

Note: Show in Extent of Use column 'M' for main driver, 'R' for regular driver, 'O' for occasional driver.

Name of	Extent of use (see note)	Date of Birth	Identity Card or Passport Number	Occupation	Extent of recent driving experience	Details of all accidents or losses during the past 5 years
You the proposer						

No claims discount (NCD)

Insurance Details

34 Do you currently have Motor insurance? YES NO

35 Have you held motor insurance in the last 2 years in your own name? YES NO

If you have answered 'YES' to any of the above please state name of present and/or previous insurer, vehicle's registration mark and number of years with each.

36 Are you entitled to any No Claims Discount? YES NO

37 If 'YES', would you like to transfer it to this policy? YES NO

If 'YES' please provide copy of last renewal notice you received or policy schedule and state:

Name of previous insurer

Policy Number

Vehicle Registration Mark

Number of years free of claims

Expiry or Cancellation date of Policy

NCD % on last renewal

NCD % on Renewal Notice

How many cars are owned or used by you and members of your household, including company cars?

Please complete the following information for ALL drivers including yourself (whether you are a driver or not)

38 Driving Record

To the best of your knowledge and belief have you, your spouse, or any other person you have stated will drive:

a) obtained a valid driving licence? YES NO

b) less than two years driving experience? YES NO

39 Medical Conditions

Do you or any of the drivers have (or have a history of) defective vision or hearing (not corrected by glasses or hearing aid), diabetes, or any disease or physical or mental infirmity, heart complaint or fits of any kind? Please give full details. If none state none.

Has the condition(s) mentioned above been advised to the ADT and have they agreed to the issue of a licence? YES NO

If 'no' please state name of driver and give reasons below.

If the ADT has restricted your licence to a suitably modified vehicle, have the appropriate modifications been carried out? YES NO

40 Loss History

YES NO

Have you or any of the drivers had an accident or suffered damage, fire or theft losses involving a motor vehicle in the past five years?

If 'YES' please give full details below. (Space has been provided for two losses. If there have been more incidents please continue on another sheet of paper)

Name of Driver

Date of incident (day/month/year)

Type of incident (e.g. head-on collision/theft)

Amount of claim

Was the driver judged to be at fault? YES ¹ NO YES ² NO

UNCLEAR

UNCLEAR

Note: All incidents should be disclosed whether or not a claim was submitted to the insurer concerned.

41 Convictions

YES NO

Have you or any of the drivers incurred any driving convictions, or penalties in the past five years? (You should also disclose any pending prosecution or police enquiry)

If 'yes' please give full details below.

Have you or any of the drivers ever had their licence suspended, revoked or had any restrictions imposed or are presently disqualified from driving? YES NO

If 'yes' state which driver and the reason

Name	Reason
<input type="text"/>	<input type="text"/>

42 Non-motoring offences

YES NO

Have you or any of the drivers been convicted during the past five years of any criminal offence? (You should also disclose any pending prosecution or police enquiry)

If 'yes' please give full details below

Name of driver

Details of offence

Date of conviction (month/year)

Have you or any of the drivers ever had a previous policy cancelled, declined or refused renewal? YES NO

If 'yes' please state name and give full reason below

Been asked to pay an increased premium (other than normal rating increases)?

If 'yes' please state name and give full reason below YES NO

43 Other policies

Do you have any other policy with GMI? YES NO

If 'yes' please give full details below

Policy number(s) or Registration Numbers

Type of policy (motor, household, boat, etc.)

