

J DUNNE INSURANCES PRIVATE HIRE PROPOSAL FORM

Please use BLOCK CAPITALS. All questions must be answered fully and accurately

Name (in full):	Date of Birth: / /
Address (in full):	Email:
	Telephone:
	Mobile:
Address where vehicle(s) kept if different from above:	Fax:
Full description of occupation:	

VEHICLE DETAILS

Reg. No.	Make/Model Chassis Manufacture	Year of Manufacture	Present Value	For what no. of adult passengers is vehicle passed by PSV. Inspector	Tracker Fitted Y/N

COVER AND USE

(Tick appropriate box)

PLEASE STATE USE:

- School Transport Tour Operator Hackney Scheduled Services General and Private Hire
 Wedding/Debs/Funeral Service Chauffeur Service Non Hire or Reward Taxi

COVER REQUIRED:

- Third Party only Full Comprehensive (Third Party, Fire and Theft, and Own Damage)
 Open Driving Insured Only Named Driver

Are you the owner of vehicle(s)? Yes No Is it registered in your name? Yes No

If NO, please give details:

Are you now or have you been insured in respect of vehicles as listed in Vehicle Details above? Yes No

If YES, please state name of Company and Policy No(s):

Do you operate any other vehicle(s) with your P.S.V./Operating Licence not listed in Vehicle Details above? Yes No

If YES, please give details:

Has any vehicle been modified from the makers standard specifications? Yes No

If YES, please give details:

DRIVER DETAILS

Please answer yes or no to the following:

- Are you and all drivers over 25 years and under 70 years? Yes No
- Are you and all drivers free of accidents for the last 3 years? Yes No
- Are you and all drivers free of physical/mental disability/ other medical condition which could impair ability to drive? Yes No
- Are you and all drivers free of conviction, disqualification or Penalty Points? Yes No
- Are you and all drivers holding a current full Driving Licence? Yes No
- Are you and all drivers free of refusal for Motor Insurance Cover by any Insurance Company? Yes No

If the answer is "NO" to any of the above questions, complete the following:

Name of Persons	Occupation in full	Date of Birth	Does any driver suffer from any physical defect or infirmity or from defective vision or hearing?	Has any driver been convicted during the last five years of any offence in connection with any motor vehicle? If so, give full particulars	Type of Licence	Has any Insurer refused to accept, renew or cancel your/his/her motorpolicy or impose special terms?

CLAIMS HISTORY

Have there been any accidents or losses during the past 3 years in connection with motor vehicles when those vehicles were owned or driven by you or any driver described in Driver Details above? Yes No . If YES, give details below.

Details of all accidents in the last 3 years (including those where you were not at fault)

Name of Driver	Own Damage Costs	Third Party Cost	Circumstances of accident(s)

If you are entitled to any "No Claims Bonus" from your previous insurers, please state numbers of years claim free

PLEASE ATTACH RENEWAL NOTICE/NCB

I/WE the undersigned desire to effect insurance in terms of the Policy to be issued by AIG Europe Limited. I/WE undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof. I/WE hereby declare that the vehicle(s) described is/are in good condition and that all the above statements and particulars which I/WE have read over and checked that the above answers are true and that I/WE have not suppressed, misrepresented or mis-stated any material fact and I/WE agree that this Declaration shall be the basis of the Contract between me/us and the Company.

Period of Cover required from _____ to _____

Signed _____ Date _____

IMPORTANT: As it is an offence under the Road Traffic Act to make any false statement or withhold any material information for the purpose of obtaining a certificate of insurance, great care should be taken to ensure that all questions and sub-sections of questions together with Supplementary Proposal attaching, are answered fully and accurately. Failure to disclose material facts could result in the company refusing to deal with a claim under your policy. Material facts are those facts which the company regard as likely to influence the assessment and acceptance of the proposal. If you are in any doubt as to whether or not certain information is material, then it should be disclosed. A copy of the Policy and a copy of the Proposal Form is available upon request.

N.B. No insurance is effective until the Insurance Company has accepted the Proposal. The Insurance Company reserves the right to decline any proposal. The J F Dunne Insurances Private Hire/Bus & Coach Programme is offered on a tied agency basis with AIG Europe Ltd.

JF Dunne Insurances Ltd is regulated by the Central Bank of Ireland.

JF Dunne Insurances Ltd is part of the JF Dunne Group.