

TAXI INSURANCE PROPOSAL FORM

Occupation							
Full Time Employment – Y/N				Employment Status			
Full Time Occupation				Employers Business			
Any Part Time Occupation – Y/N (if Yes Please Specify)							
PT Employment Status				PT Occupation			
PT Business Type							
History							
Registered Disabled				Disabled Badge Holder			
Prev. Imposed Terms				Previously Refused Cover			
Prev. Increased Premium				Prev. Policy Cancelled			
Any Non-Motor Convictions?				Smoker			
Licence							
Licence Issue Date-				Additional Driving Qualifications?			
Licence Restrictions:				Licence Type:			
Class of Use:				Date Badge Obtained:			
Badge No.:				Licencing Authority:			
Vehicle Use							
a. Public Hire				b. Private Hire			
Contract Work Only :				Local Licensing Office:			
Do you undertake any contract work for celebrities or foreign delegates ?							
Vehicle Detail							
Registration no.:				Make:			
Model:				Cc:			
Door Plan:				Year:			
Fuel Type:				Transmission			
Body Type:				Accessories (£):			
Mileometer Reading:				Vehicle kept postcode:			
Left Hand Drive ?				Imported?			
Vehicle Ever HadQ Plate ?				Security Device Fitted ? Y/N (if Yes please specify details)			
Modified:							
Date Registered:				Date Purchased:			
Registered Keeper :				Registered Owner:			
Overnight Parking:				Passenger Seats:			
Vehicle Value:							
NCB Details							
NCB Years:				Protected: Y/N			
NCB Type							

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Cover Details	
Inception Date:	Policy Term:
Valid Drivers:	Cover Required:
Voluntary Excess:	
Declaration	
<p>I/We declare that:</p> <p>1) To the best of my knowledge and belief the answers given are true and that all material facts have been disclosed.</p> <p>2) This proposal and declaration shall be the basis of the contract between me/us and the insurer and I/we will accept a policy on the standard form issued by the Company and be bound by the terms and conditions thereof.</p> <p>3) If any answer has been written by any other person, such person shall for the purpose be regarded as my/our agent.</p> <p>4) The information has not been not withheld or concealed that might influence the acceptance and/or assessment of this proposal for insurance.</p>	
Date:	Signature Of Proposer: