Agricultural Vehicle Insurance Proposal Form

For Cornish Mutual use only

Inspector's No. /Member No	Start Date	Quoted premium £	New Policy No AV	Number of Policy to be cancelled or amended.

Details of the proposer(s)

Full name(s): .....

Correspondence address: .....

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Tel: ..... Mobile .....

Fax: ..... Email: .....

Company website address (if any): .....

Trading Name (If any): .....

Details of Vehicles

Registration No. / Identification No.	Make	Model (full details required)	Type e.g. Tractor, Combine, ATV	Year of Manufacture	Estimated Value £

Are all the above vehicles owned by you and registered in the name specified above If 'No' please state the reason.	Yes/No

Use of Vehicles

Will the vehicle including any Trailer be used other than for agricultural or forestry purposes in connection with your occupation as stated above? If 'Yes' please give details in the Additional Information box.	Yes/No

Details of Cover required

This Cover will apply to all vehicles listed above unless you specifically request otherwise. Please give details in the Additional Information box.

Please tick cover required		
Comprehensive with standard excess	Tick	
Comprehensive with additional voluntary excess	Tick	Please specify the additional voluntary excess in £
Third Party Fire & Theft	Tick	
Third Party Fire & Theft with additional voluntary excess	Tick	Please specify the additional voluntary excess in £
Third Party Only	Tick	

Is cover required for trailers (not including caravans), whilst detached from the vehicle which tows or carries them? If 'Yes' please give details in the following table	Yes/No

Description and serial number	Estimated Value £

Driver Details

If the reply to any question below is 'Yes' please provide further details in the Additional Information box.

Have you, or has any other person who may drive:	
any physical disability or disease, loss of limb or eye, defective vision or hearing? If 'Yes' have you advised the DVLA and if so, have any restrictions been imposed on your licence?	Yes/No
Please give details	

been convicted of, or received a fixed penalty notice for, a motoring offence in the last 10 years or is any prosecution pending? Convictions which are spent under the terms of the Rehabilitation of Offenders Act 1974 need not be disclosed.	Yes/No
been refused insurance or had special conditions imposed?	Yes/No
had any accident or loss in the last 4 years?	Yes/No

Is a policy for 12 months required? If 'No' please state the period for which insurance is required.	Yes/No
Period Required:	

Previous Insurance and Non Motor Convictions

If the reply to any question below is 'Yes' please give further details in the boxes provided

Are you or any partner or director now or have you or any partner or director previously been insured in respect of a motor vehicle or motor vehicles?	Yes/No
Name of Insurance Company:	
Expiry date:	

Have you or any partner or director been declared bankrupt or been disqualified from being a company director or been involved as owner director or partner with any company which went into receivership, administration or liquidation?	Yes/No
Details:	

Have you or any partner or director been the subject of any County Court Judgements?	Yes/No
Details:	

Have you or any partner or director been convicted or charged in respect of any criminal offence?	Yes/No
Details:	

Additional Information box

Additional Information box

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Important Information

Please read the following carefully before you sign and date the Declaration.

The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive, please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk.

The insurance we offer is based upon the information provided to us and you must ensure that all information is complete and accurate and that any facts which may influence our decision to accept the risk on the terms offered have been disclosed. This duty to disclose information continues throughout the life of a policy and at each renewal. If you fail to disclose material information you may invalidate your insurance cover which may mean that part, or all, of any claim may not be paid.

We recommend that you keep a record, including copies of letters and this proposal form, of all information supplied to us for the purpose of entering into this insurance.

Tick Please tick the box if you would like a copy of this proposal sent to you.

Marketing Communications

Cornish Mutual will use your personal information to process any insurances you may place with us. We may also get in touch with you by email, SMS, telephone or post with news and information we feel would be of interest to you like our products, specials offers or events. If you provide Cornish Mutual with an email address, it will automatically be entered into our regular email update service. If you do not wish to receive updates or marketing information please contact us at Cornish Mutual, CMA House, Newham Road, Truro, TR1 2SU Tel: 01872 277151 or email enq@cornishmutual.co.uk.

Declaration

I/we declare that to the best of my/our knowledge and belief the answers given are true and complete.

I/we agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent and acting on my/our behalf, and not the agent of The Cornish Mutual Assurance Co. Ltd.

I/we declare that this proposal form is for insurance in the normal terms and conditions of the Insurer's Policy.

I/we agree that the information provided on this proposal form and any information supplied by me/us shall be incorporated in and form part of the insurance contract

I/we wish to effect insurance with, and apply to become a member of, The Cornish Mutual Assurance Company Limited in accordance with the terms of the Company's Memorandum and Articles of Association.

I/we agree to Cornish Mutual collecting and processing sensitive personal data about me, such as medical history or criminal convictions.

Before signing the Declaration please check your answers carefully particularly if this proposal form is not completed in your own hand.

Signature of Policyholder(s) ....

Position held..... Date .....