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MOTOR FLEET HAULAGE

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FACT FINDER



DUTY OF FAIR PRESENTATION

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
 - a. Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
 - b. Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
 - c. Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.

2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
 - a. If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b. If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
 - c. Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

LMA9117

16 March 2016



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PROPOSER'S DETAILS

It is a requirement to capture information about every company and subsidiary company that is to be covered by the policy. If you are an individual or partnership, please state your full names including any trading style.

- 1. Company Name (including list of partners if not a limited company)

- 2. Address 1

- 3. Address 2

- 4. Town
- 5. County
- 6. Postcode

If the business is a partnership, LLP, Ltd or PLC please provide full details of all other partners or any subsidiaries on the 'Additional Information' sheet at the end of the form.

If you operate from more than one address please list all other business addresses and their business use on the 'Additional Information' sheet.

- 7. Full business description (if you have a brochure or company literature, please attach them to this form)

CURRENT INSURANCE ARRANGEMENTS

- 8. Insurer

- 9. Broker

- 10. Premium
- 11. Renewal date

- 12. Date commenced trading
- 13. Is the business VAT registered? Yes No

- 14. Please give details of any professional or trade associations you are affiliated to



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BUSINESS DETAILS

15. Please indicate below the total number of vehicles within your fleet:

	Number	Average annual mileage per vehicle	
i. Private cars – business use			
ii. Private cars – others			
iii. Goods carrying vehicles to 3.5T GVW			
iv. Goods carrying vehicles over 3.5T – 18T GVW			
v. Goods carrying vehicles over 18T – 32T GVW			
vi. Goods carrying vehicles over 32T GVW			
Do you have any other vehicles? If “Yes” provide details below		Yes	No

16. Are any vehicles valued over £100k?
If “Yes” please specify below (make/model, registration number & value)

Yes No

17. In respect of trailers, please confirm:

- i. Total number
- ii. Total value
- iii. Maximum value of any one trailer

18. Please advise the maximum number and value of vehicles and trailers that could be in any one location at any one time:

	Number	Value
i. Goods carrying vehicles		
ii. Private cars		
iii. Trailers		

19. In respect of any temporary hired in vehicles please confirm:

- i. Total number of vehicles in the last 12 months
- ii. Combined total of days in the last 12 months

20. Are all vehicles owned by or leased to the company?
If “No” please provide details below of any such vehicle, who it is owned by and the relationship between the owners and your company

Yes No



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21. How many vehicles are fitted with security devices (other than manufacturer's standard system)?

- i. Alarms/immobilisers
- ii. Remote tracking devices
- iii. Telematics systems
- iv. Installed cameras

Please provide details below of the systems you have installed including dates of when they were installed

22. What steps do you take to secure your vehicles/trailers/loads?

23. What additional steps do you take to secure your high value vehicles/trailers/loads?

24. Please indicate the number of vehicles that are fitted with tachographs and how often tachograph records are checked:

	Number	Check frequency
i. Analogue		
ii. Digital		

- i. Analogue
- ii. Digital

Are they analysed in-house or by a bureau (if bureau, please state the name of the company)?

OPERATIONS

25. Please confirm the number of Operators Licences held:

	Vehicles	Trailers
i. Restricted		
ii. National		
iii. International		

- i. Restricted
- ii. National
- iii. International

26. Have you ever been called upon to attend a public inquiry?

Yes No

If "Yes" please indicate below:

- i. The reason for and date of the inquiry

- ii. The result of the inquiry



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iii. Any sanctions imposed

27. Please specify the nature of your operations:

Tick all that apply

Further Information

- i. Own goods
- ii. General haulage
- iii. Groupage
- iv. Bulk haulage
- v. Multidrop/time critical
- vi. Logistics
- vii. Specialist operations
- viii. Tippers & waste

28. For how many years have you traded as a haulier?

29. What is your usual radius of operations?

30. Do you carry, or are you likely to carry any goods or materials which are of a hazardous nature?

Yes No

31. Are hazardous goods carried in tankers or as bulk loads?

Yes No

If "Yes" please complete the table below

UN Class	Division	Packaging group	Transport category	Nature of goods	% of annual turnover (GBP)	% of annual turnover (GBP) carried in bulk or containers
1						
2	2.1					
	2.2					
	2.3					
3						
	4.1					
	4.2					
4	4.1					
	4.2					
	4.3					
5	5.1					
	5.2					
6	6.1					
	6.2					
7						
8						
9						

32. Please provide the name of your appointed Dangerous Goods Safety Advisors



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33. Do any of your vehicles visit hazardous sites such as airports, chemical plants, power stations or military bases? Yes No
If "Yes" please specify below the locations and how often these sites are visited

34. Are any of the vehicles used on business outside of the UK? Yes No
If "Yes" please specify:

- i. The number of trips over the last 12 months
- ii. The total number of days over the last 12 months
- iii. The countries visited

iv. The maximum number of days for any one trip

35. Have you made any significant changes to the fleet or the business operations in the last 12 months? Yes No
If "Yes" please provide details below

Vehicle type/use Contracts Procedures and risk management

36. Do you anticipate any further changes over the next 12 months? Yes No
If "Yes" please provide details below

Vehicle type/use Contracts Procedures and risk management



FACT FINDER

DRIVERS

37. What percentage of employees allocated or with regular access to a company vehicle:
- i. Fall within the age brackets below?

Under 21		%
22-25		%
26-29		%
30-45		%
46-65		%
66-70		%
Over 70		%
 - ii. Have less than 2 years experience on the appropriate driving licence? %
38. Have you or anyone who will drive been convicted during the last five years of any offence relating to theft, fraud or dishonesty? Yes No
39. Please confirm the level of turnover of employees allocated or with regular access to a company vehicle over the past 12 months
40. How regularly are employees driving licences checked?
41. Are family members and/or friends of employees permitted to drive company vehicles? Yes No
If "Yes" please detail below any restrictions and confirm what procedures are in place with regards to driving licence checks in respect of these drivers
42. Do you use agency, temporary or casual drivers? Yes No
If "Yes" what percentage of your workforce do these drivers represent? %
43. Do you employ non-UK drivers? Yes No
If "Yes" what percentage of your workforce do these drivers represent? %
Please specify how many drivers are employed from countries outside of the EU
44. Are employees permitted to use their own vehicles in connection with company business? Yes No
If "Yes" please provide details below of how you check that their insurance is current and covers business use?
45. Are all employees allocated or with regular access to a company vehicle assessed for risk? Yes No
If "Yes" how often are assessments carried out?



FACT FINDER

46. Please provide details of any driver training undertaken in the past 24 months

Type of training	Numbers involved	Training provider
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47. What percentage of your drivers hold ADR qualifications? %

FLEET MANAGEMENT/MANAGEMENT PROCEDURES

48. Is your Fleet Transport Manager full time/part time? F/T P/T
Please provide their name and qualifications

If you do not have a Fleet Transport Manager, who has responsibility for the fleet management?

49. Do you have any managers who are trained to carry out accident investigations? Yes No

50. Do you set targets and monitor fleet performance? Yes No

51. Do you operate a 'Remote Vehicle Management System'? Yes No
If "Yes" please provide details

- i. Company used
- ii. Length of time the system has been in place
- iii. Number of vehicles involved

52. Please provide details of the company's vehicle maintenance programme

- i. Is it carried out in-house or contracted out?
- ii. How frequently is it carried out?
- iii. What is the procedure for reporting vehicle defects?

53. Please provide full details in terms of the company's approach to the EU drivers CPC requirements Yes No

- i. Is your firm an approved CPC training company? Yes No
If "No" have you links with a training company to provide CPC training for your drivers? Yes No
- ii. Do you monitor your drivers' progress towards CPC qualifications? Yes No



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iii. Do you have a checking procedure to record details of the Drivers Qualification Card? If "Yes" please provide details below	Yes	No
54. Do you operate a driver reward/penalty scheme to encourage accident free driving? If "Yes" please provide details below including how long it has been in force	Yes	No
55. Is your company affiliated with any road safety organisations? If "Yes" please provide details below	Yes	No
56. Do you have a documented health & safety compliant 'Driving at Work' road safety policy? If "Yes":	Yes	No
i. When was it last reviewed?		
ii. Is the policy highlighted during a driver's induction process?	Yes	No
iii. Is management of the policy specifically allocated to a director?	Yes	No
iv. Does the policy detail the required driving standards of the company?	Yes	No
57. Do you issue drivers with a company driver's handbook? If "Yes" please provide a copy	Yes	No
58. For all new employees allocated or with regular access to a company vehicle, do you:		
i. Take a copy of their driving licence?	Yes	No
ii. Obtain details of driving history including claims/convictions?	Yes	No
iii. Assess their driving ability?	Yes	No
iv. Follow up references submitted as part of an application?	Yes	No
59. Do you supply drivers with instructions about what to do in the event of an accident?	Yes	No
60. Are post accident reviews undertaken? If "Yes" who is responsible for this?	Yes	No
61. Do you record and analyse accidents and other incidents such as near misses and incidents reported under the 'How's My Driving' scheme? If "Yes" how is this data used?	Yes	No



FACT FINDER

GENERAL QUESTIONS

Please answer questions a. and b. in relation to this business or any previous business in which the proprietor, partners or directors have traded, in this or any other name:

- | | | |
|---|-----|----|
| a. Have any insurers in the last five years declined to insure any of you or your businesses, cancelled or refused to renew any insurance or imposed special terms? | Yes | No |
| b. Have there been any incidents in the last five years where the Health and Safety Executive, Environmental Health Office, Environment Agency or any other enforcement agency have served any of you with any enforcement measures, prohibition notices or criminal proceedings? | Yes | No |

Please answer questions c. to f. in relation to the proprietor, partners or directors of this business.

Convictions or cautions do not have to be declared if they have become spent under the Rehabilitation of Offenders Act 1974. Reference to the Rehabilitation of Offenders Act 1974 is a reference to it as it is in force for the time being, taking into account any amendment, extension or re-enactment, and includes any subordinate legislation for the time being in force made under it.

- | | | |
|---|-----|----|
| c. Have any of you in the last five years been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner, proprietor, partner or director with any company which went into receivership, administration or liquidation? | Yes | No |
| d. Have any of you in the last six years been the subject of any County Court Judgment and/or been cited in any unsatisfied court judgments (or the Scottish equivalent) and/or have any court judgments pending? | Yes | No |
| e. Have any of you been convicted or charged (but not yet tried) with any criminal offence other than a motoring conviction? | Yes | No |
| f. Have any of you committed any offence to which you have admitted and for which you have received an official police caution? | Yes | No |

If the answer to any question is "Yes" please provide full details on the 'Additional Information' sheet at the end of the form.

CLAIMS HISTORY

In relation to this business or any previous business in which the proprietor or any partners or directors have traded, in this or any other name, has there been a claim under any of the cover(s) requested within the last 5 years?	Yes	No
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If the answer is "Yes" please provide full details on the 'Additional Information' sheet at the end of the form.

DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature

Please print name

Date

Position

