FLEET INSURANCE
Your policy details will be added to the Motor Insurance Database (MID) managed by the Motor Insurers’ Bureau (MIB). MID data may be used by certain statutory and authorised bodies including the Police, the DVLA, the DVANI, the Insurance Fraud Bureau and other bodies permitted by law for purposes including (but not limited to): electronic licensing; Continuous Insurance Enforcement; law enforcement; and the provision of government and/or other services aimed at reducing uninsured driving. If you are involved in a road traffic accident (either in the UK or abroad), insurers and/or the MIB may search the MID to obtain relevant information. Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information from the MID.

You must tell us about any incident (e.g. accident, fire or theft) whether or not a claim is likely to result. When you tell us about such an incident, information relating to it will be passed to the registers which we and others have in place which allow us to detect fraudulent applications and claims. We may search these databases when you apply for insurance, at renewal or in the event of an incident or claim. All telephone calls relating to applications and claims may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes. If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information. We and other organisations may also access and use this information to prevent fraud and money laundering, for example, when: checking details on applications for credit and credit related or other facilities; managing credit and credit related accounts or facilities; recovering debt; checking details on proposals and claims for all types of insurance; checking details of job applicants and employees.

Please contact us at GFC, LV=, County Gates, Bournemouth BH1 2NF if you want to receive details of the relevant fraud prevention agencies. We and other organisations may access and use from other countries the information recorded by fraud prevention agencies.

The information you give us will be used by Highway Insurance Company Limited and we may share this information with other organisations to inform you by letter, telephone or e-mail of other products which may be of interest to you. If you do not wish to receive any marketing literature please write to our Customer Care Department.

If you would like more information about this notice, please write to the Customer Care Department, Highway Insurance, 171 Kings Road, Brentwood, Essex, CM14 4EJ. E-mail: customer.care@highway-insurance.co.uk. Subject to the provisions of the Data Protection Act 1998, you are entitled, on payment of a small fee, to receive a copy of the information we hold about you. For more information on the Data Protection Act you may also write to the Office of the Information Commissioner at Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF. Telephone: 0845 630 6060.

DECLARATION: I/We declare that I/We have read the above questions and answers which have been completed accurately and fully by me/us or on my/our behalf with the information I/we have supplied. I/We confirm that I/We have read or had explained the Data Protection Notice which appears above and accept the terms contained in it. I/We confirm the Notice will be made known to any party related to the insurance. I/We undertake that the Vehicles described shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or has had insurance cover cancelled. I/We declare that the statements and particulars above are to the best of my/our knowledge and belief true, that the Vehicles described are my/our property and in roadworthy condition and that no person who to my/our knowledge has been refused any Motor Vehicle insurance or has had insurance cover cancelled. I/We declare that the statements and particulars above are to the best of my/our knowledge and belief true, that the Vehicles described are my/our property and in roadworthy condition and that no

I/We also declare that:

1. The vehicles will NOT be driven by any person who to my/our knowledge
   a. Suffers from any loss or loss of use of limb, eye, defective hearing or vision (not corrected by spectacles or hearing aid), a heart/diabetic/epileptic condition or from any other infirmity that should be disclosed to DVLA/DVLNI.
   b. Has during the past 5 years been convicted of any of the following offences: manslaughter, causing death by dangerous or reckless driving, dangerous driving, driving whilst under the influence of drink or drugs, failing to stop after and/or report an accident to Police or any combination of offences that have resulted in suspension or disqualification from driving, unless such person(s) have been declared to Underwriters and has been granted permission to drive under this policy by Underwriters.
   c. Has not held a full UK licence for at least 12 months unless such person(s) have been declared to Underwriters and has been granted permission to drive under this policy by Underwriters.
   d. Has during the last 3 years made 2 or more claims where the cost of each claim has not been recovered from any other party, unless such person(s) have been declared to Underwriters and has been granted permission to drive under this policy by Underwriters.

Date: / /  
Signature of Proposer:  
Print Name:  

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LV= 21119824  www.LV.com/commercial
Please complete all details in block capitals. (All questions must be answered in full. N/A and dashes are not acceptable).

Where you see [YES] [NO] delete as applicable.

<table>
<thead>
<tr>
<th>Agency number</th>
<th>Policy number</th>
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1 Proposer   Full name: Mr/Mrs/Miss (or Trading Name)

<table>
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<tr>
<th>Business Address</th>
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<tr>
<th>Post Code</th>
<th>VAT Status</th>
<th>Business Tel</th>
<th>VAT reg no.</th>
<th>Nature of Business/Trade</th>
<th>E-mail</th>
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</table>

2 Vehicle

How many vehicles are proposed for this insurance?

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<thead>
<tr>
<th>Cars</th>
<th>Commercial Vehicles</th>
<th>Other</th>
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Please complete the schedule of vehicles below ONLY if cover is required for 6 vehicles or less.

<table>
<thead>
<tr>
<th>Vehicle make</th>
<th>Exact model (state type GL/SRI etc)</th>
<th>Cubic capacity</th>
<th>Year of make</th>
<th>Type of body and seating capacity</th>
<th>Date of purchase</th>
<th>Price paid</th>
<th>Registration no.</th>
<th>Present value</th>
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<tbody>
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For fleet business where the number of vehicles exceed 6, please supply a separate schedule of all vehicles/trailers/plant and special types to be covered under this proposal.

(a) Are you the actual owner of the vehicles? If no, give details. [YES] [NO]

(b) Are the vehicles registered in your name? If no, give details. [YES] [NO]

3 Trailers

Do you require cover for trailers?

(a) If yes please state the number of trailers owned, hired, leased or lent to you. [YES] [NO]

(b) If cover is required for unspecified trailers, state their total value.

4 Use

(a) Are passengers carried for Hire or Reward? [YES] [NO]

(b) Are goods to be carried for Hire or Reward? [YES] [NO]

(c) Will goods of an inflammable, corrosive, explosive or dangerous nature be carried? [YES] [NO]

(d) Will any vehicle be used 'airside' or in close proximity to any aircraft? [YES] [NO]

(e) Will any vehicle be used outside the United Kingdom for business purpose? [YES] [NO]

(f) Will any vehicle be used by a person under 25 years of age? [YES] [NO]

If the answer to any of these questions is yes, please provide details on a separate sheet.

5 Time and date cover required from [ ] / [ ] / [ ] for [ ] months