

Private Ambulance Proposal Form

PERSONAL DETAILS

Name of Insured (Individual or Company):

Business Address including full postcode:

Tel No:

Email:

Website:

Years trading:

Business Description:

(Please state if you are a voluntary organisation)

CQC Registration Number:

Current Insurer:

Current Premium:

Renewal Date:

Vehicles

Please complete the following:

Vehicle Number	Registration Number	Make & Model	Total No of Seats (incl. wheelchair spaces)	Engine Size	Year of Make	Cover? Comp, TPFT, Laid up	Blue lights fitted? Y/N	Vehicle Value * (see below)	Rating (Type see appendix below)	NCD years earned (if applicable)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

*** The vehicle value must represent the market value including conversion costs and permanent fixtures and fittings. Any car valued £40,000 or over must have a tracking device fitted.**

Appendix

Vehicle Rating Types

Type 1 = Purpose built ambulance in accordance with the vehicle excise act 1994. Business use only.

Type 2 = Car/van fitted with blue lights (maximum 5 seats)

Type 3 = Minibus – (9-17 seats in total)

Type 4 = Car/van not fitted with blue lights (maximum 5 seats)

Type 5 = MPV (6-8 seats in total)

Type 6 = Motorcycle

*Please note that any vehicle declared as an Ambulance must comply with the Vehicle & Excise Registration Act 1994: i.e. a vehicle that is constructed or adapted for, and used **for no other purpose than**, the carriage of sick, injured or disabled persons to and from welfare centres or places where medical or dental treatment is given and is readily identifiable as a vehicle used for the carriage of such persons by virtue of being marked "Ambulance" on both sides.*

Use of Vehicles:

	Yes	No	Percentage of work:	Vehicle **
Contracted 999				
Event coverage				
Patient transfer				
Psychiatric				
Airside				
Overseas work				
Organ/Tissue Transfer				
Transportation of Medical teams				
Community First Responder				
Social Domestic & Pleasure				
Other (Please provide full information)				
TOTAL			100%	

** Please state the number of the Vehicle(s) from the vehicle grid that are used for the above work.

Please advise of any additional risk management feature that your vehicles have, i.e. driver monitoring, front, rear or internal cameras, Live vehicle tracking etc.

Policy Excess

Policy standard excess is £250 accidental damage, fire & theft, £100 windscreen. Please select below if a higher voluntary excess is required;

£500 accidental damage, fire & theft, £100 windscreen

£750 accidental damage, fire & theft, £100 windscreen

£1,000 accidental damage, fire & theft, £100 windscreen

Drivers

Driving restriction required;

If policy in Company Name

Policy cover automatically excludes drivers aged Under 21, unless named and approved. Please select option below if further driving restriction required;

Excluding drivers aged Under 25 with a full UK licence for a minimum of 24 months:

Excluding drivers aged Under 25 with a full UK licence for a minimum of 12 months: (if any driver is aged under 25 please provide details on next page)

If policy in individual name

Any driver aged over 21

Insured only

Insured and Spouse (Please provide details below)

Please confirm that all drivers have held a full UK licence for a minimum of 12 months: Yes No

If any drivers are to be named under the policy, please provide details below;

Driver Name	Date of Birth	Date passed UK Driving Test	Date of employment	Job Title

Do you check all drivers licences annually and new drivers before they commence driving? Yes No

Have you or has any other Person who to your knowledge will drive:

been convicted during the past 5 years of any offence in connection with any motor vehicle? Yes No

If 'yes', please provide details below;

Driver Name	Conviction Code	Date of Conviction	Penalty Points / Disqualification period

been convicted during the past 5 years of any offence relating to theft, fraud or dishonesty, ever been disqualified from driving or had any prosecution or police enquiry pending, had a proposal declined, been required to pay an increased premium, had special conditions imposed or had a policy cancelled or been refused renewal terms:

Yes No

have any history of defective vision or hearing (not corrected by glasses or hearing aid), diabetes or any disease or physical or mental infirmity of any kind:

Yes No

You are reminded that you and any known drivers are required by law to inform Drivers Medical Branch, DVLA, Swansea, SA99 1AT, at once, if you have any disability including any physical or mental condition which is, or may become likely to affect your fitness as a driver.

Do all of the drivers hold D2 or equivalent driving certification for advanced driving skills and blue light training as standard:

Yes No

If no, what driver training has taken place, and to what standard?

Claims History: Please provide Claims experience from your previous Insurer (If applicable) or alternatively provide details of any claims in the last 5 years:

Driver Name	Date of Accident / Claim	Brief details of Accident / Claim	Fault or Non Fault (NCB allowed or disallowed)	Total Cost of Claim

Please note that any quotation given will be subject to sight of your previous Insurers Claims Experience or Proof of No Claims

Please read and sign Declaration overleaf

Declaration

I/we declare that (a) this proposal declaration has been completed after a fair presentation of the risk being made to the insurer; (b) it's contents are true and accurate and (c) all material circumstances that the insured knows or ought to know have been disclosed to the insurer or failing that sufficient information to put a prudent insurer on notice that further enquiries are needed.

I/we undertake to inform you before any contract of Insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration or our proposal for Insurance.

I/we understand that non-disclosure or misrepresentation of a material fact or matter may entitle the Insurer to avoid this Insurance, impact the terms of the policy or impact whether the policy responds in whole or part to a claim.

Proposer's Signature:

Date:

Printed Name:

Position in Company: