

## Private Fire Brigade 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)

Are you a member of any fire brigade? If so, please provide details:

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 fire engine 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

Type 7 = Other (please give full details)

*Please note that any vehicle declared as a Fire Engine must comply with the Vehicle & Excise Registration Act 1994: i.e. is constructed or adapted for use for the purpose of fire fighting or salvage (or both), and is used solely for purposes in relation to which a fire and rescue authority under the Fire and Rescue Services Act 2004 has functions (whoever uses it for those purposes).*

**Use of Vehicles:**

	Yes	No	Percentage of work:	Vehicle **
Contracted 999				
Event coverage				
Airside				
Overseas work				
Social Domestic & Pleasure				
Other (Please provide full information)				
<b>TOTAL</b>			<b>100%</b>	

\*\* 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: