Specialist Commercial Vehicle

Statement of Fact



Policy number

Broker agency number

Effective date and time

These are the details supplied by you and form part of your contract of insurance. If the details are correct there is no need to take any further action. However, you should store this document in a safe place for future reference. If any details are incorrect or incomplete, please contact your broker and notify them of any errors. If the risk remains acceptable they will issue a further statement of fact showing the correct details. If you provide false or incorrect information, withhold information or fail to inform us of any errors, your policy could be cancelled or declared void or we may refuse to pay a claim.

| You, | the Proposer | | | | | | | | | | | | | |
|------------------------------------|------------------------------|--------------|-------------------|---|----------------------------|--------------------|------------------|------------------|---------------|-----------------------------|--------------|--------------|----------|--|
| Name of proposer | | | | | | | | | | | | | | |
| Postal address | | | | | | | | | | | | | | |
| Postcode | | | | | | | | | | | | | | |
| Contact telephone number | | | Email | | | | | | | | | | | |
| Occupation | | | | | | Nature of business | | | | | | | | |
| Your | vehicle | | | | | | | | | | | | | |
| Re | gistration/Chassis Number | Make/Mode | Cubic Capacity | Year of make | Gross vehicle weight | le Cover | | Date of purchase | | Value | Type of body | | Seats | |
| | | | | | weight | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Reg | gistration/Chassis Number | Are there ar | changes from t | ne manufacturer's s ES give details) | tandard specificat | ion? | Modifications va | lue | Additio | onal Foreign Us Required | se | Hazardous go | oods use | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Registration/Chassis Number Who | | Where | is vehicle locate | Postcode where kept overnight | | Vehicle keeper | | | Vehicle owner | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Drivir | ng restrictions | i | | | | | | | | | | | | |
| Reg | gistration/Chassis Number | | Driver restri | ctions | Declared drivers | | | | | Main driver | | | | |
| | | | | | | | | | | | | | | |

| Us | se | | | | | | | | | | | |
|----------|--|---------------------------------------|-------------------------|--|-----------|-----------------|--------------------|-------------------------|-----------------|--------------|--------------------------------------|--------------|
| | Ro | egistration/Chassis | number | | | | | U | se Required | | | |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Di | ivers | | | | | | | | | | | |
| | You must provide the details of you | ourself and any other | er person wl | ho may drive | | | _ | | | | | |
| | Name of driver | | Occupati | on | Date | of birth | Туре о | | e held either l | | IGV 2 and period held | i |
| | | | | | | | | Туре | | Dat | e licence obtained | |
| | | | | | | | | | | | | |
| | | | | disability or medical | Ha | ave you or | | | ve had an ins | | cy refused/declined, | |
| | Name of driver | | | evealed to the DVLA? low or overleaf) | | | | | Additional info | | | |
| | | | | | F | tefused/De | clined | Cancell | ed/Voided | Spe | ecial terms imposed | |
| Yo | u are reminded that you are req | uired by law to info | orm Drivers | Medical Enquiries, D | VLA, Sw | ansea SA | 99 1TU, at | once, if you | have any di | sability (in | cluding any physical | l or |
| | ental condition) which is or may be otoring convictions | ecome likely to af | fect your fit | ness as a driver | | | | | | | | |
| | | | | | | (in al | | | | 6 - | | |
| | last five years, Have you or any there any prosecutions pending | | | | | | | enaities), be | een aisquaiiri | ea from ai | iving or | |
| | Name of driver | | Offence C | ode | | ate of fence | Date of conviction | Penalt points | | ine | Disqualification period (months) | |
| | | | | | | | | | | | | |
| No | on-motor convictions | | | | | | | | • | | • | |
| | s anyone who may drive been c | onvicted or charge | ed (but not | tried) of any non-moto | ring offe | nce? IF Y | OU HAVE | ANSWERE | O YES, PLEA | ASE PRO\ | /IDE | |
| DE | TAILS BELOW | | | | | | | | Length of | nontonoo | | |
| | Name of driver | Offence da | te | Offence type | | | Sentence t | ype | (Yea | | Early release date |) |
| | | | | | | | | | | | | |
| ln | surance History | | | | | | 1 | | | | | |
| | Registration/Chassis number | Name of previou | s insurer | Policy number | • | Expiry date | No Cl | laim Bonus E (Years) | ntitlement | | require Protected No Claim Bonus? | |
| | | | | | | | | | | | | |
| A | ccidents/Claims/Losses | | | | | | | | | | | |
| Ha ye | ive you or any person who may or ars? IF YOU HAVE ANSWERED | drive had any acci O YES, PLEASE P | dents/claim ROVIDE D | ns/losses (whether to b ETAILS BELOW | olame or | not) in co | nection wi | ith any moto | r vehicle dur | ing the las | st five | |
| | Name of driver | | Date | | Brief det | ails | | Т | otal repair cos | st | Vas there a personal injury claim? | |
| | | | | | | | | | | | | |
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| Additional Information (use a separate sheet of paper if necessary) |
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| Data Protection Notice |

Data Protection Notice

Please read this notice carefully as it contains important information about the details you will give or have given us. It is a condition of this insurance that you read and accept the terms of this data protection notice. You should show this notice to anyone covered by this insurance. We will process the details you have provided in line with the Data Protection Act 1998 and other laws which may apply. Your information may also be processed outside of the European area. In all instances we make sure that your information has enough protection. So that we can assess the terms of an insurance contract, or deal with any claims that may arise, we may need to share information which is classed as 'sensitive' under the Data Protection Act 1998. We may pass this information to other organisations that we have carefully chosen as well as other companies within our group. We share information with other insurers, certain government organisations and other authorised organisations for the purpose of insurance underwriting, preventing or detecting fraud, managing claims and managing complaints. If you have any questions please contact the Company Secretary at ERS, Library House, New Road, Brentwood, Essex CM14 4GD. By proceeding with this application you signify your consent to such information being processed in this way.

Important Notes

- 1. I/We declare that the answers given (on which the underwriters will rely when deciding whether to accept the risk and in fixing the premium) are true to the best of my/our knowledge and belief and that no information has been withheld. I/We also agree that if another person has given any information on this form, he or she acted as my/our agent for this purpose. I/We hereby consent to any information you may have about me/us being processed in accordance with the data protection notice on this form.

 2. At your request a copy of this completed form will be supplied to you, provided the request is made within a period of three months after its completion.
- 3. Underwriters liability does not operate until acceptance has been notified or a Cover Note delivered to the Insured. If the Proposal should disclose any special features the Underwriters may quote special terms and they reserve the right to decline a proposal.
- 4. Details of full policy terms will be supplied on request.
- 5. Unless such person(s) who to my/our knowledge:-
- (a) has been refused any motor vehicle insurance or continuance thereof.
- (b) suffers from a any disability (including any physical or mental condition) that is notifiable to the DVLA.
- (c) has during the last 5 years been convicted of any of the following motor offences: manslaughter, causing death by dangerous driving, dangerous driving, driving under the influence of drink or drugs, failing to stop after an accident, any offence or combination of offences which resulted in suspension from driving,
- (d) has a non-motor conviction(s) or prosecution(s) pending (where a case is being investigated but there is no conviction yet) that must be legally declared.

Motor Insurance Database

Information about your insurance policy will be added to the Motor Insurance Database (MID) which is managed by the Motor Insurers' Bureau (MIB). Certain government or authorised organisations including the police, the DVLA, the DVLNI, the Insurance Fraud Bureau and other organisations allowed by law may use the MID and the information stored on it for purposes including Continuous Insurance Enforcement (you can get information about this from the Department of Transport), electronic vehicle licensing, law enforcement for the purposes of preventing, detecting, catching or prosecuting offenders and providing government services or other services aimed at reducing the level of uninsured driving. If you are involved in a road-traffic accident (either in the UK, the EEA or certain other territories), insurers or the MIB (or both) may search the MID to gather relevant information. Anyone making a claim for a road-traffic accident (including their appointed representatives and citizens of other countries) may also gather relevant information which is held on the MID. It is vital that the MID holds your correct registration number. If it is not shown correctly on the MID, you are at risk of having your vehicle seized by the police. You can check that your correct registration number details are shown on the MID at www.askmid.com.

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