

Compucab Private Hire

Application Form for Private Hire Motor Insurance

Arranged by Compucar Limited

On behalf of Royal and Sun Alliance Insurance plc No. 93792.

Registered in England & Wales at St Mark's Court, Chart Way, Horsham, West Sussex RH12 1XL

Administered by OSBORNE & SONS (Insurance Consultants) Ltd

2 Rosehill, Sutton, Surrey, SM1 3EU

Telephone Number 0871 222 8248

All the Companies mentioned above are authorised and regulated by the Financial Services Authority

Summary of cover including **keyfacts** statement.

Cover is for Comprehensive or Third Party Only. Cover period runs from the first day of the month until last day of month.

Cover commencing after 1st of month will be charged on number of days to end of month. Use is for Private Hire including social domestic and pleasure for the vehicle and driver declared on the Compucar system and identified by the Certificate of Insurance issued. The Applicant must be authorised by the Public Carriage Office (P.C.O)

No return of premium will be allowed for cancellation of this Insurance before the last day of the month. Insurers will carry out a credit check for each applicant.

Please complete the following questions:-

1. Full name of Applicant
2. Date of Birth DD..... MM.....YY 19.....
3. Full Address
.....
.....
..... Postcode
4. Contact telephone number..... Fax number.....
email address
5. Circuit Name Postcode Telephone No.
6. I have held a full UK driving licence for a period of no less than (Please circle as appropriate)
3 years 5 years 8 years 10 years 12 years +

I attach herewith the following documents for copying:-

- a) U.K Driving Licence (both "card" and " counterpart")
- b) MoT Test Certificate and Vehicle Registration Document (V5)
- c) Public Carriage Office (P.C.O) permits in respect of the driver and of the vehicle

7. Vehicle Details

Registration Number Make..... Model

CC Year of Manufacture

Has the vehicle has been altered or modified in any way and/or is left hand drive? Yes/ No
If yes, give details

8. Have you been convicted of any offence? Yes/ No If Yes please complete the box below

Conviction Date	Offence Date	Offence Code	Penalty/Fine	Penalty Points	Period of Any Ban

9. Have you been involved in any accident, claim or loss in the last three years? Yes/ No If Yes please complete the box below

Incident Date	Circumstances	Total Costs if known or estimated costs

10. Do you suffer from any medical condition? Yes/ No If Yes please complete the box below

Medical Condition	DVLA Informed	Type of Medication	Any Licence Restriction Applied

11. DECLARATION

Please read this declaration carefully before signing and dating.

I apply for cover with respect to the insurance specified above.

I have answered the appropriate questions and declare that

- To the best of my knowledge and belief the information given is true in every respect
- If anything on this proposal was written by another person he/she acted as my/our agent for this purpose
- I will notify the Company of any changes in material facts immediately I shall become aware of them

I agree that

- This Proposal shall be the basis of the contract between me and the Company
- I will accept the Company's policy applicable to the insurance
- I will pay the premium to the Company when called upon to do so
- Since it is an offence under the Road Traffic Act to make any false statements or withhold any material information for the purpose of obtaining a certificate of insurance that this form is fully and correctly completed.

I understand that you will pass the information on this form about any incident I may give details of to IDS Ltd and ABI so that they can make it available to other insurers. I also understand that, in response to any searches you may make in connection with this application including credit searches or any incident I have given details of, IDS Ltd and ABI may pass you information it has received from other insurers about other incidents anyone insured to drive the vehicle covered under the policy has been involved in.

Signature of applicant Date of Application

Cover to commence from HH DD MM YY 20.....

Agent Calculation of Premium	Driver Age +Vehicle Group	£
	+ ULR @1%	£ _____
		£
	+ IPT @5%	£
	+ Administration 3% of Driver + Vehicle Group above	£
	+ V.A.T on Administration Charge @ 17.5%	£ _____
	Total	£