



Taxi Proposal Form

A faint, light blue background graphic of a taxi cab, showing the roof and rear window, positioned behind the text.

Taxi Proposal Form



This form is used to work out your insurance premium and assess whether you can be insured. Please read the following questions carefully, you must give full and true answers to all questions, if you do not do so your insurance cover may not protect you in the event of a claim. Please provide additional information where required. If you need more space, please provide answers on a separate sheet of paper, clearly highlighting the question number. If you have any queries, please speak to your insurance agent or Argus advisor.

Please keep a copy of this form together with any information you attach to it. A specimen Policy document setting out full terms and conditions is also available on request. **PLEASE COMPLETE IN CAPITAL LETTERS.**

Agency Policy No.

Agency Reference

Client No.

IMPORTANT NOTES

1. Please complete in BLOCK LETTERS, and give a definitive answer to each question
2. Only those areas in 'light blue' blocks should be completed by the Propser.
3. Commencement date of Cover Time

YOUR PERSONAL DETAILS

1. Title Forename Surname
Age Date of Birth Sex:male/female
Marital status (*eg married, single, etc*)
Main occupation/profession (*including part-time, if retired please state*)
Employer's business (*if self-employed, please state*)

Correspondence

Address

Day Time Telephone No. e-mail

2. Driving licence (*Please answer this question if you are to drive any of the vehicles covered under this policy*)

Type of licence currently held (*eg full private car UK licence*)

Date licence obtained

VEHICLE DETAILS

3. Are you the owner of the vehicle and is it registered in your name? YES NO

If "NO", please give reason for it being insured in your name and state the name of the owner(s).



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4. Registration mark 5. Year of manufacture

6. Make and model of vehicle

7. Body style (eg saloon, estate, etc)

8. Engine size cc 9. Vehicle fuel type (eg unleaded or diesel)

10. Number of seats (including driver) 11. Estimated value (including accessories)

12. Where is vehicle normally kept overnight?
(garage / compound / your driveway / private land / carport / or elsewhere)

13. Have any changes been made to the maker's specification other than adapted solely to cater for any physical disability? YES NO

If "YES" give details below

14. Do you require cover for Trailers (Third Party Cover whilst Towing)? YES NO

If "YES" please state the number of trailers owned, hired, leased or lent to You.

COVER

15. Tick as required
Comprehensive Third Party Fire & Theft Third Party Only

USE

16. (a) Social, domestic and pleasure purpose outside Gibraltar? YES NO
(b) Do you undertake carriage for third parties? YES NO
(c) Are passengers carried for hire or reward? YES NO

If "YES" please indicate purpose

(d) Are the vehicles used for Public Services? YES NO

(e) Will the vehicle be used within any secure areas where access is controlled by an airport or aerodrome authority, which are areas that are considered to be "airside"? YES NO

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17. Select the appropriate driving restriction you wish to apply to your vehicle.

Yourself only Yourself and your spouse/domestic partner Yourself and one named driver

ADDITIONAL DRIVERS

Please provide the following details for drivers other than the proposer.

Name in full (*Mr/Mrs/Miss/Ms/other title*)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>

Age

1.	<input type="text"/>	2.	<input type="text"/>
3.	<input type="text"/>	4.	<input type="text"/>

Date of birth (*dd/mm/yyyy*)

1.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	2.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
3.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	4.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

Sex (*male/female*)

1.	<input type="text"/>	2.	<input type="text"/>
3.	<input type="text"/>	4.	<input type="text"/>

Relationship to proposer (*eg spouse/domestic partner/brother/sister/son/daughter/employer or proposer/family/business partner/other please state*)

1.	<input type="text"/>	2.	<input type="text"/>
3.	<input type="text"/>	4.	<input type="text"/>

Main occupation/profession (*including part-time, if retired please state*)

1.	<input type="text"/>	2.	<input type="text"/>
3.	<input type="text"/>	4.	<input type="text"/>

If employed, state employer's business

1.	<input type="text"/>	2.	<input type="text"/>
3.	<input type="text"/>	4.	<input type="text"/>

Driving licence details – please state the type of licence currently held (*eg full private car licence*)

1.	<input type="text"/>	2.	<input type="text"/>
3.	<input type="text"/>	4.	<input type="text"/>



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Date licence obtained (dd/mm/yyyy)

1. / /	2. / /
3. / /	4. / /

18. Medical conditions

Do you or any of the drivers have or have had a history of defective vision or hearing (not corrected by glasses or hearing aid), diabetes, or any disease or physical or mental infirmity, or fits of any kind?. Please give full details. If none state none.

Has the condition(s) mentioned above been advised to the Licensing Section, Department of Transport and have they agreed to the issue of a licence? YES NO

If "NO" please state name of driver and give reason below

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You are reminded that you are required by law to inform your insurance company at once, if you have a disability (including any physical or mental condition) which is or may become likely to affect your fitness as a driver.

19. Loss History

Have you or any of the drivers had an accident or suffered damage, Fire or theft losses involving a motor vehicle in the past five years? YES NO

If "YES" please give full details below
(Space has been provided for two losses. If there have been more incidents please continue on another piece of paper).

Name of driver

1. / /	2. / /
--------	--------

Date of incident (dd/mm/yyyy)

1. / /	2. / /
--------	--------

Type of incident (ie accident/theft)

1. / /	2. / /
--------	--------

Amount of claim

1. / /	2. / /
--------	--------

Was the driver judged to be at fault?

1. / /	2. / /
--------	--------

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NOTE: All accidents should be disclosed whether or not a claim was submitted to the insurer concerned.

20. Convictions

Have you or any of the drivers incurred any driving convictions, cautions or fixed penalties in the past five years?

YES NO

(You should also disclose any pending prosecution or policy enquiry)

If "YES" please give full details below

(Space has been provided for two convictions. If there have been more convictions please continue on another piece of paper)

Name of driver

1. 2.

Conviction details/code *(eg speeding/drink driving)*

1. 2.

Date conviction *(dd/mm/yyyy)*

1. / / 2. / /

Points and/or fine incurred *(if applicable)*

1. 2.

Period of disqualification *(if applicable)*

1. 2.

21. Have you or any of the drivers ever had their licence revoked or had any restrictions imposed?

YES NO

If "YES" please state which driver and reason

22. Non-motoring offences

Have you or any of the drivers been convicted during the past five years of any offence relating to fraud, robbery, theft or handling stolen goods?

YES NO

(You should also disclose any pending prosecution or police enquiry)

If "YES" please give full details below

Name of driver

Details of offence

Date of conviction (month/year)



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23. Have you or any of the drivers ever had a previous policy Cancelled, declined or refused renewal by another insurer? YES NO

If "yes" please state name and give full reason below

24. Do you have any other policies with Argus Insurance? YES NO

If "yes" please give full details below

Policy number(s)

Type of policy

MATERIAL FACTS

All material Facts must be disclosed. Failure to do so could invalidate the Policy. A material fact is one, which is likely to influence an Insurer in the assessment and acceptance of this application. If you are in doubt as to whether a fact is material then it should be disclosed to the Insurer. If any changes in circumstances arise during the period of insurance cover please provide your insurer with details. A specimen copy of the policy wording is available on request. We recommend you keep a record (including copies of letters) of all information provided to the Insurer for your future reference. A copy of the completed application form will be supplied on request within a period of three months after its completion. Please state any other material facts that you may believe to be relevant.

SHORT PERIOD RATES

Insurance effected for less than a year, or Annual Policies cancelled during the year will be charged in accordance with the following scales (Not applicable to Geographical extensions). Minimum charge £35.00.

Period not exceeding (months)	1	2	3	4	5	6	7	8	Over 8 months
% of annual premium payable	25%	37.5%	50%	62.5%	67.5%	75%	80%	90%	Full Annual Premium

COMPLAINTS PROCEDURE

Our aim is at all times to provide a first class standard of service. However, there may be occasions when you feel that this objective has not been achieved. Should you have any query or complaint regarding this insurance please write to:

Argus Insurance Company (Europe) Limited, PO Box 45, Regal House, 3 Queensway, Gibraltar

If you are dissatisfied with the response you receive you should write to:

Department of Consumer Affairs, 10 Governor's Lane, Gibraltar

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LAW APPLICABLE TO CONTRACT

You and the Insurer are free to choose the law to this contract but in the absence of agreement to the contrary, the law of the country in which you reside at the date of the contract, (or, in the case of a business, the law of the country in which the registered office or principal place of business is situated) will apply. If you are not resident (or, in the case of a business, the registered office or principal place of business is not situated) in Gibraltar, the law which will apply is the law of Gibraltar.

DATA PROTECTION ACT – INFORMATION USES

INSURANCE ADMINISTRATION

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the Insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the Insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy order or repossessions). Information may also be shared with other insurers whether directly or via those acting for the insurer (such as loss adjusters or investigators). With limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

CREDIT SEARCHES AND ACCOUNTING

In assessing your application, the Insurer may search files made available to it by credit reference agencies who may keep a record of that search. The Insurer may also pass to credit reference agencies information it holds about you and your payments record. Credit reference agencies share information with other organisations, enabling applications for financial products to be assessed or to assist the tracing of debtors or to prevent fraud. The Insurer may ask credit reference agencies to provide a credit scoring computation. Credit scoring uses a number of factors to work out risks involved in any application. A score is given to each factor and a total score obtained. Where automatic credit scoring computations are used by the Insurer, acceptance or rejection of your application will not depend only on the results of the credit scoring process.

SENSITIVE DATA

In order to assess the terms of the insurance contract or administer claims which arise, the Insurer may need to collect data which the Data Protection Ordinance defines as sensitive (such as medical history or criminal convictions). By proceeding with this application you will signify your consent to such information being possessed by the Insurer or their agents.

MARKETING

Argus Group and its agents may use your information to keep you informed by post, telephone, facsimile, e-mail, text messaging or other means about products and services which may be of interest to you. Your information may also be disclosed and used for these purposes after your policy has lapsed. By providing us with your contact details, you consent to being contacted by these methods for these purposes.

FRAUD PREVENTION

In order to prevent and detect fraud we may at any time: share information about you with other organisations and public bodies including the Police; Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this. We and other organisations may also search these agencies and databases to: help make decisions about the provision and administration of insurance, credit related services for you and members of your accounts or insurance policies; Check your identity to prevent money laundering, unless you furnish with us other satisfactory proof of identity; Undertake credit searches and additional fraud searches. We can supply on request further details of the databases we access or contribute to.

CLAIMS HISTORY

Under the conditions of your policy you must tell us about Insurance related incidents (such as fire, theft or an accident) whether or not they give rise to a claim.



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DECLARATION

I/We understand the contents of the completed application and I/We declare that the information given is, to the best of my/our knowledge and belief correct and complete.

I/We agree that the statement in this application shall form the basis of the contract between the Insurer and myself/ourselves and if the risk is accepted I/We undertake to pay the premium when called upon to do so. I/We understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the Insurer's compliance with any regulatory rule/codes.

Proposers Signature(s)

Date



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