



Commercial Motor Vehicle Insurance
Proposal Form

Cover Options

Our Commercial Motor Vehicle Insurance Package offers you two cover options

(1) Third Party Fire and Theft, and (2) Comprehensive.

Third Party Fire and Theft

Third Party covers your legal liability for injury to other persons or damage to their property following an accident involving your vehicle. It also covers your liability for injury to two passengers seated on the side of the driver. In the event of the passengers being the cause of an accident the policy also covers their liability. In addition, you are protected against loss or damage to your vehicle caused by fire or theft, or attempted theft.

Comprehensive

By choosing Comprehensive cover, in addition to the protection specified under Third Party Fire and Theft you are also protected against the cost of:

- (a) Repairing your vehicle following loss or damage
- (b) Replacing windscreen/windows without loss of No Claims Bonus or application of accidental damage excess.

VEHICLE VALUE

It is in your own interest to keep the sum insured of your vehicle in line with the market value for in the event of a loss the maximum amount you can recover under a Fire and Theft or Comprehensive policy is the market value of the vehicle at the time of the loss or the sum insured whichever is the lesser.

PREMIUM PAYMENT PLAN

To help ease the difficulties associated with lump sum payment of premium, you may now opt for our Premium Payment Plan which spreads the cost of your premium. Ask Allianz or your Broker for details.

Proposal

Note: Please answer all questions fully and accurately as failure to do so may render your policy void.

Full Name of Proposer

Date of Birth

Full Address

Business or Occupation (including part-time)

Business Address

Tel.

Mobile

Registration Nos

Make

Type of Body

Makers Carrying Capacity

Max Load Carried

Year of Manufacture

Date of Purchase

Value

Seating Capacity

1. Are you the legal owner of the vehicle? Yes No
2. Is it registered in your name? Yes No

Very Important: Any misstatement regarding ownership will render the policy void.

3. Will a trailer be used? Yes No If Yes: Ident No.
- Make Carrying Capacity

4. How and where is the vehicle usually safeguarded overnight?
7. If used for carriage of goods, will any goods be of an explosive, corrosive, radioactive, or other hazardous nature? Yes No

5. Total number of motor vehicles of all classes owned by Proposer
- If "Yes" please give details.

6. Please give full particulars of all purposes for which the vehicle(s) will be used
8. Will the vehicle(s) be used for the carriage of goods for other persons and/or for Hire or Reward? Yes No

9. Please give details of all persons, including yourself, who may drive:

| | Name of Person(s) | Relationship to Insured | Sex Male/Female | Occupation in full | Date of Birth | Does he/she suffer from diabetes, epilepsy, heart condition, defective hearing or vision or from any other physical infirmity? |
|----------|-------------------|-------------------------|-----------------|--------------------|---------------|--|
| PROPOSER | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | Driving Licence Full / Prov | Licence Number | If Full Licence, state date test passed | Classes | Has he/she been disqualified from driving or been convicted of any motoring offence (including fixed penalty points offences) during the past five years or is any prosecution pending | Have any Insurers refused to accept/renew/or cancelled his/her motor policy or imposed special terms? |
|----------|-----------------------------|----------------|---|---------|--|---|
| PROPOSER | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

10. Is the vehicle the subject of any hire purchase/leasing agreement? Yes No
- If "Yes" please give full details.

11. Have you or any person who may drive been involved in motor vehicle accidents or claims during the past five years? If "Yes" please give full details (including number and cost) Yes No
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12. Are you now or have you been insured in respect of any motor vehicle? Yes No
- If "Yes" state the name of the company

13. Are you entitled to a No claims bonus from your previous insurers in respect of the vehicles described in this proposal? If "Yes" state number of years entitlement. (Please attach renewal notice or other supporting documents) Yes No
-

14. Do you require protected (step back) No Claims Bonus Option? Yes No

15. Indicate cover required: (a) Comprehensive (b) Third Party Fire/Theft (c) Third Party
- Only available when agreed by Allianz

Commercial Vehicle

Commercial Vehicle policies are issued in respect of vehicles which are designed for the carriage of goods. They are not issued in respect of dual purpose vehicles i.e. estate cars or vehicles which are adaptable for the carriage of passengers behind the driver e.g. Nissan Patrols, Toyota Landcruisers etc.

Material Facts Declaration – Continuing Obligation

As evidenced by your signature(s) below, you declare that the information given in this Proposal Form is true in every respect and that you have not withheld or misrepresented any material fact. You acknowledge the serious consequences of failure to disclose all material information as this may lead to avoidance of your policy. Such information is that which the Company would regard as likely to influence its assessment and acceptance of this insurance. You accept that you have a continuing obligation to disclose to the Company such material information immediately on becoming aware at any time during the period of this insurance of any material change that may affect this insurance or increase the risk of loss, damage or injury. You agree that if there is any doubt as to whether or not any information is material, you will disclose it. You agree that this proposal form will form the basis of the contract between you and the Company. If any answer has been written by a person other than the undersigned, you agree that such person shall be your agent and not an agent of the Company.

Data Protection Act – Statements and Consents

In these statements references to information include personal data and information given by you to Us, whether in your Proposal, any claim form you submit to Us or otherwise, any information We may collect in connection with any product or service We provide, information made available about you disclosed to Us by another party in connection with the transfer to Us of such party's rights and duties to you under any other insurance arrangements.

Allianz p.l.c. is a member of the Allianz Group, and shall be the data controller in respect of all such information. References to We and Us in these statements and consents shall be construed accordingly. Allianz p.l.c. is regulated by the Financial Regulator.

USES. Information you supply may be used for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention) by Us, our agents, our reinsurers and any intermediary acting for you. In assessing any claims made, We may undertake checks against publicly available information such as electoral roll, court judgements, bankruptcy or repossessions.

DISCLOSURE. We may share with our agents and service providers, members of the Allianz Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing, and regulatory bodies (of which We are a member or by which We are governed), information We hold about you and your claims history.

SENSITIVE DATA. We may need to collect sensitive data relating to you (such as medical or health record or condition, convictions etc.) in order to assess the terms of insurance We issue/arrange or to administer claims which arise. By your signature you signify your consent to such information being used, processed and disclosed by Us, our agents and other insurers for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention).

RETENTION. We will not retain your data for longer than is necessary for the purposes for which it is obtained. If you provide personal data to Us and you do not become an insured We will not retain your data for longer than six months from the date of collection unless you have not objected to direct marketing purposes (as detailed below in these Data Protection Statements).

CONSENT. By providing Us with your information and by your signature you consent to all of your information being used, processed, disclosed and retained for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention).

REPRESENTATION. By your signature you warrant and represent to Us that in respect of any personal data of any data subject which you provide to Us, you have the authority of that data subject to disclose such data to Us on these terms and conditions and for all the purposes herein set out and to give the consents set out above on behalf of each such data subject, and accordingly, all references in these statements to you or your shall be deemed to include any such data subject.

ACCESS You have the right to request and receive a copy of your personal data held by us. Should you wish to exercise this right, you should write to us under Section 4 of the Data Protection Acts 1988 and 2003, for the attention of the Data Protection Officer, at Allianz House, Elmpark, Merrion Road, Dublin 4. A fee of €6.35 is chargeable under the terms of the Data Protection Acts and cheques should be made payable to Allianz.

This paragraph applies only to direct customers.

DIRECT MARKETING. The Allianz Group and its agents and business partners may use your information to keep you informed by post, telephone, e-mail, sms or other means of products and services which may be of interest to you and We may disclose your information to any such Group member, agent or business partner for such purposes. Your information may also be disclosed and used for these purposes after your policy has lapsed. If you do not wish your information to be used for these marketing purposes please write to Us at Allianz House, Elmpark, Merrion Road, Dublin 4 or e-mail Us at info@Allianz.ie.

Signature of Proposer: _____

Date: _____

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Dublin 4.

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