



## ADDING TAXIS, PHVs AND PSVs

This form is for adding taxis, PHVs and PSVs to your Westminster Taxi Policy.

Policyholder

Policy no.

### COMPLETING THIS FORM

Please complete this form in BLOCK CAPITALS. You must give full and true answers to all questions. 'YES' or 'NO' answers must not be left blank. If you need more space for any of the answers, please continue on a separate sheet.

The key below is there to help you to complete the correct parts of the form.

**REQ**

Must be completed

**POS**

Complete in full if cover required

**OPT**

Optional covers available

### **REQ** The additional taxis, PHVs and PSVs

Please provide the details requested below

|   | Taxi 1  | Taxi 2  | Taxi 3  |
|---|---|---|---|
| Date cover is to begin  |   |   |   |
| Level of cover required ✓   | Comp <input type="checkbox"/> TPF&T <input type="checkbox"/> TPO <input type="checkbox"/> | Comp <input type="checkbox"/> TPF&T <input type="checkbox"/> TPO <input type="checkbox"/> | Comp <input type="checkbox"/> TPF&T <input type="checkbox"/> TPO <input type="checkbox"/> |
| Registration number   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Drivers' full names   |   |   |   |
| <i>Note: only drivers listed here or already named in the policy schedule may drive the taxis</i>   |   |   |   |
| Make and model  |   |   |   |
| Year of manufacture   |   |   |   |
| Engine size / Gross Vehicle Weight  |   |   |   |
| Fuel type   |   |   |   |
| Type of body  |   |   |   |
| Number of seats excluding the driver<br><i>Cover can be provided for minibuses with up to 16 passenger seats</i>  |   |   |   |
| Is it an import not usually available in the UK or a left hand drive?   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                  |
| If it has been modified in any way from the manufacturers's standard specification including any adaptations or lifts for disabled use, give full details |   |   |   |
| Is it fitted with   |   |   |   |
| – an alarm and/or immobiliser?  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                  |
| – a tracking device?  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                  |
| If YES, give full details in the box  |   |   |   |

ADDING TAXIS, PHV'S AND PSV'S – 2

|  | Taxi 1   |  | Taxi 2   |  | Taxi 3   |  |
|--|--|--|--|--|--|--|
| Is it fitted with<br>– a 'black box', camera, telematics<br>or similar device?<br>If YES, who is it supplied and<br>maintained by? | Yes <input type="checkbox"/> No <input type="checkbox"/> |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| What type of signwriting does the<br>taxi have – none, removable, under<br>25%, over 25% painted or vinyl<br>wrapped?              |  |  |  |  |  |  |
| Date of purchase   |  |  |  |  |  |  |
| Purchase price   | £  |  | £  |  | £  |  |
| Current market value   | £  |  | £  |  | £  |  |
| Total replacement cost of<br>accessories, taxi meters, roof signs,<br>in-vehicle equipment and<br>signwriting                      | £  |  | £  |  | £  |  |
| Estimated annual mileage   |  |  |  |  |  |  |
| Is it<br>– Owned outright?   | <input checked="" type="checkbox"/>                      |  | <input checked="" type="checkbox"/>                      |  | <input checked="" type="checkbox"/>                      |  |
| – Under a hire purchase<br>agreement or financed?  | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  |
| – Leased or under a contract hire<br>agreement?  | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  |
| Where kept overnight or when<br>not in use?  | <input checked="" type="checkbox"/>                      | Postcode   | <input checked="" type="checkbox"/>                      | Postcode   | <input checked="" type="checkbox"/>                      | Postcode   |
| – Road   | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  |
| – Own driveway   | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  |
| – Own garage   | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  |
| – Car park/compound  | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  |
| – Multi-story car park   | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  |
| – Business address   | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  |
| – Other  | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  | <input type="checkbox"/>                                 |  |
| If 'Other', provide details in the box   |  |  |  |  |  |  |
| No claim bonus<br><i>Proof from the insurer must be<br/>provided within 30 days</i>  | Years<br><input type="text"/>                            | Protected<br><input checked="" type="checkbox"/> | Years<br><input type="text"/>                            | Protected<br><input checked="" type="checkbox"/> | Years<br><input type="text"/>                            | Protected<br><input checked="" type="checkbox"/> |
| Registered keeper's name   |  |  |  |  |  |  |
| Owner's name if different  |  |  |  |  |  |  |
| Who owns the taxi plate?   |  |  |  |  |  |  |
| Date obtained  |  |  |  |  |  |  |
| Licence/plate number   |  |  |  |  |  |  |

**OPT Optional covers**

**Finance gap cover**

Do you require cover? Yes  No

**Total loss additional premium waiver**

Do you require cover? Yes  No

If YES to either of the questions above, please contact us, your broker or agent for a quotation.

**REQ Declarations – please read carefully then sign and date**

- I/we declare that the information given and the statements made in this form are to the best of my/our knowledge and belief, true and complete. I/we acknowledge that this form will become part of the completed proposal and its declaration I/we originally completed. I/we will pay the premium when called upon to do so.
- I/we understand that any quotation already given may change when Westminster receives and assesses this completed form. Westminster has the right to impose special terms or decline to provide cover.
- I/we understand that if Westminster does not receive proof of each vehicle's no claims bonus from my/our previous insurer within 30 days of cover incepting, they will charge an additional premium and may, at their option, cancel the policy.

*For your own benefit and protection you should re-read this form and your original statement of fact carefully before signing below and, if you have any queries, speak to your broker, agent or to us.*

Policyholder's signature

Full name

Position in business

Date

If any part of this form has been completed by anyone other than the policyholder, please give the full name of the person who has done so and the relationship to the policyholder e.g. broker, agent, spouse, employee.