

## Your Details

Name in full (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Trading Name \_\_\_\_\_

Full Address \_\_\_\_\_

Postcode (Must complete) \_\_\_\_\_

1. Are you the owner of all the vehicles and are they registered in your name? YES  NO   
*If 'no', give reason for the vehicle(s) being insured in your name and state name of owner*

Please indicate the required policy excess. (This excess will be in addition to any compulsory excess applicable)

£350  £500  £750  Other £ \_\_\_\_\_

## Minibuses

Please complete this section if there are any minibuses to be covered under the policy

Please give details of your business and the purpose for which your minibuses are used

2. Do you carry out any stage carriage work? YES  NO   
*If 'yes' please give details*

3. Do you hold a PSV operators licence? YES  NO   
*If 'yes' please indicate the type of licence held and the number of vehicles on each licence*

4. Do you hold a Section 19 or Section 22 permit? YES  NO   
*If 'yes', please give the permit number \_\_\_\_\_*

5. Please provide details of any operator licence offences you have incurred, (e.g. maintenance, vehicle tachograph etc.)

6. Have you carried out a risk assessment of the management of your minibus service? YES  NO   
*If 'yes', please give details*

7. If your operation involves the carriage of schoolchildren do you have an escort on journeys? YES  NO

8. Please indicate what passenger safety devices the vehicles are fitted with:  
 a) 3-point seatbelts \_\_\_\_\_ b) lap belts \_\_\_\_\_ c) no seat belts \_\_\_\_\_

9. Have any seatbelts been fitted retrospectively? YES  NO   
*If 'yes' please indicate when and by whom \_\_\_\_\_*

10. How does the driver ensure passengers wear seatbelts at all times? \_\_\_\_\_

11. Are any of your minibuses converted for wheelchair access? YES  NO   
*If 'yes' please give details of the vehicles and modifications carried out*

Also detail what training has been given to drivers (e.g. loading, unloading, securing etc.)

12. Are all your minibuses equipped with fire extinguishers and first aid boxes? YES  NO

13. What arrangements are there for the carriage of luggage, (e.g. carried internally, on roof rack, towing) \_\_\_\_\_

14. Have you undertaken MIDAS training for the drivers? If 'yes' please give details YES  NO

15. Do you carry out any otherspecific minibus driver training? YES  NO   
*If 'yes' please give details, (who carries out the training & provide brief details of the programme)*

16. Do you give instructions to the drivers on the maximum number of hours to be spent driving, time spent on other activities and rest breaks? If 'yes' please give details YES  NO

Proposer's Signature : \_\_\_\_\_

Date: \_\_\_\_\_ Position in firm: \_\_\_\_\_