

SECTION NO.	BROKER SCHEME
INST.	BROKER REF

# Private Car Proposal Form



PLEASE COMPLETE USING BLOCK CAPITALS

## 1. YOU THE PROPOSER

Mr/Mrs/Ms/Miss  Full Name  Married YES / NO

Postal Address  Postcode

Occupation (Incl. Part Time, State if Self Employed)

Nature of Employers Business

Daytime Telephone No.  Evening Telephone No.

## 2. YOUR VEHICLE (Use separate proposal if more than one car)

Make & Model incl. Conversion/Modification to bodywork/engine	Cubic Capacity	Number of doors	Year of Make	Date of Purchase	Estimated Value	Value of Audio/Telephone Equipment (unless Manufacturer Fitted)	Registration Number

	YES	NO	
1. Are there any changes from the manufacturer's standard specification whether optional extras, mechanical, cosmetic, or customisation?	<input type="checkbox"/>	<input type="checkbox"/>	If YES give details overleaf. <input type="text"/>
2. Is the vehicle owned by you and registered in your name?	<input type="checkbox"/>	<input type="checkbox"/>	If NO give details. <input type="text"/>
3. Will you be the main user?	<input type="checkbox"/>	<input type="checkbox"/>	If NO give details. <input type="text"/>
4. Is the vehicle kept overnight			
a) At your home address?	<input type="checkbox"/>	<input type="checkbox"/>	If NO give Post Code where vehicle is kept. <input type="text"/>
b) In a locked garage?	<input type="checkbox"/>	<input type="checkbox"/>	If NO give details. <input type="text"/>
5. Give details of alarms/immobilisers/tracking devices fitted to the vehicle(s)			<input type="text"/>
6. Is the vehicle petrol?	<input type="checkbox"/>	<input type="checkbox"/>	If NO give details. <input type="text"/>
7. Is the vehicle manual?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is the vehicle left hand drive?	<input type="checkbox"/>	<input type="checkbox"/>	

## 3. COVER

Comprehensive  Third Party, Fire and Theft  Third Party Only

Voluntary Damage, Fire & Theft Excess (Comprehensive Policies only) Enter Nil, £50, £75, £100, £150, £200, or £250  Is Protected Bonus required? YES  NO

## 4. USE Please indicate your requirements

Social, Domestic and Pleasure  To travel to and from a permanent place of business  For the business of the proposer excluding commercial travelling

By the proposer in connection with his or her business or profession excluding commercial travelling  For the business of the proposer

## 5. DRIVERS Give below details of yourself and any other person who may drive (especially those under 25 years of age)

Yourself only  You & your Husband/Wife/Civil Partner  You & Named Drivers  Any Driver aged 25 & over  Any Driver aged 30 & over

(DETAILS OF ALL KNOWN DRIVERS INCLUDING YOURSELF ARE REQUIRED. TICKS & DASHES ARE NOT ACCEPTABLE) IN THE EVENT OF A CLAIM COPY DRIVING LICENCE MAY BE REQUIRED

	Name			All Occupations (Incl. Part Time)	Date of Birth	How long have you driven regularly in the UK
	Title	First Name	Surname			
YOURSELF	_____→					
DRIVER 2						
DRIVER 3						
DRIVER 4						

	Type of current UK/EU/International licence, full or provisional and period held		Motoring convictions & disqualifications Incl. fixed penalties & prosecutions pending IF NONE STATE NONE						Months Banned	Does any driver suffer from a notifiable condition not notified to DVLA or any condition for which DVLA have restricted the licence?
	Type	Year test passed	Day	Month	Year	Code	Points	Fine		
YOURSELF										
DRIVER 2										
DRIVER 3										
DRIVER 4										

If more than three additional drivers or you require additional space give details overleaf.

You are reminded that you are required by law to inform Drivers Medical Branch, DVLC, Swansea SA99 1AT, at once, if you have any disability (including any physical or mental condition) which is or may become likely to affect your fitness as a driver.

## 6. NON-MOTORING CONVICTIONS

Has anyone who may drive been convicted or charged (but not tried) of any non-motoring offence? If YES give full details below.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

## 7. INSURANCE HISTORY

a) Have you previously been insured in respect of a motor vehicle? If YES, give details including Company Name, Policy No. and No. of years N.C.B due.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

b) Have you or any person who may drive been declined motor insurance or had a motor policy cancelled or any special terms imposed?

<input type="checkbox"/>	<input type="checkbox"/>
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If YES, give full details

c) Do you have the use of another vehicle?

<input type="checkbox"/>	<input type="checkbox"/>
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If YES, give full details

d) Have you or any person who may drive had any accidents/claims/losses (whether to blame or not) in connection with any motor vehicle during the last three years? If YES please give details below.

<input type="checkbox"/>	<input type="checkbox"/>
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Day	Month	Year	Own vehicle repair costs	Third party repair costs	Personal Injury paid or outstanding	Name of Driver	Brief details of circumstances	Conviction Imposed YES/NO

**COVER OPERATIVE FOR 12 MONTHS FROM**

**TIME:**

AM/PM

**DATE:**

## DATA PROTECTION

The details you have provided will be used by Equity Red Star Services Limited to process your request in accordance with the Data Protection Act 1998 and other applicable laws. We share data with approved organisations for underwriting and fraud prevention purposes. Your data may also be processed outside the European Economic Area. In all instances we take steps to ensure an adequate level of protection is given to your information. In order to assess the terms of an insurance contract or administer claims that arise, we may need to collect data that the Data Protection Act 1998 defines as sensitive (such as medical data or criminal convictions). In order to process your information for the purposes of providing insurance and claims handling, it may be necessary to pass your information to carefully selected third parties and other Group companies. By proceeding with this application you signify your consent to such information being processed this way.

If you have any queries, please contact the Company Secretariat at: Equity Insurance Group Limited, Library House, New Road, Brentwood, Essex, CM14 4GD.

**DECLARATION** I/we understand that you will pass the information on this form, and about any incident I/we may give details of to IDS Ltd, MCL Software Ltd and ABI so that they can make it available to other insurers. I/we also understand that, in response to any searches you may make in connection with this application or any incident I/we have given details of, IDS Ltd, MCL Software Ltd and ABI may pass you information they have received from other insurers about other incidents anyone insured to drive the vehicle covered under the policy have been involved in. I/we declare that the answers given (on which the Underwriters will rely when deciding whether to accept the risk and in fixing the premium) are true to the best of my/our knowledge and belief and that the vehicle(s) described is/are in roadworthy condition and that no information has been withheld by me/us that might influence the Underwriters acceptance and assessment of this insurance, and to accept a policy subject to its terms, conditions and exceptions. I/we also agree that if another person has given any information on this form, he or she acted as my/our agent for this purpose. I/we hereby consent to any information you may have about me/us being processed by you for the purpose of providing insurance and claims handling, which may necessitate your providing such information to third parties.

**BEFORE SIGNING THIS DOCUMENT PLEASE READ NOTES BELOW**

DATE

SIGNATURE

## IMPORTANT NOTES

- WARNING:** If you are in doubt about a particular fact(s) being material to this insurance you should disclose it/them. Failure to disclose all material information may result in this insurance being void from inception - leaving you without insurance cover. You should keep a complete record (including copies of all letters) of all information supplied to the Underwriters for the purpose of entering into this Contract of Insurance.
- At your request a copy of this completed form will be supplied to you, provided the request is made within a period of three months after its completion.
- Underwriters liability does not operate until acceptance has been notified or a Cover Note delivered to the Insured. If the Proposal should disclose any special features the Underwriters may quote special terms and they reserve the right to decline a proposal.
- Details of full policy terms will be supplied on request.

## NOTICE

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd), the Hunter Database, run by MCL Software Ltd and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search these registers. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident, we will pass information relating to it to the registers. Your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers' Information Centre (MIIC). MID data may be used by the DVLA and DVLENI for the purpose of Electronic Vehicle Licensing and by the Police for the purposes of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime. If you are involved in an accident (in the UK or abroad), other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to obtain relevant policy information. Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID. You can find out more about this from us, or at [www.mic.org.uk](http://www.mic.org.uk). You should show this notice to anyone insured to drive the vehicle covered under the policy.

**ADDITIONAL INFORMATION (use a separate sheet of paper where necessary)**