

AGENCY NUMBER	BROKER REF
BROKER NUMBER	PREMIUM (INC IPT)
PERIOD OF INSURANCE TWELVE MONTHS FROM	

# Motorcycle Proposal Form



**IMPORTANT: ALL QUESTIONS MUST BE ANSWERED (DASHES ARE NOT ACCEPTABLE)**

## 1. YOU THE PROPOSER

Mr/Mrs/Ms/Miss	<input type="text"/>	Full Name	<input type="text"/>
Postal Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone Number	<input type="text"/>	Marital Status	<input type="text"/>

## 2. DRIVER DETAILS - State your details in first row, additional driver(s) are to be inserted in remaining rows.

Drivers	Occupation*	Nature of Business	Age	Date of Birth	Motorcycle Categories on Licence**	Date driving test passed for vehicle proposed	Do you hold a valid CBT certificate?
Proposer							

\* Disclose all occupations and nature of business, including any part time occupation.

\*\* The answer given to this question is very important as all drivers must hold the correct licence for the vehicle you are proposing to insure.

THE ONUS IS ON YOU TO ENSURE THAT YOU AND ALL NAMED DRIVERS HOLD A VALID DRIVING LICENCE(S) AND/OR CBT CERTIFICATE (IF APPLICABLE) FOR THE VEHICLE(S) YOU ARE PROPOSING TO INSURE. FAILURE TO HOLD A VALID LICENCE WILL MAKE THIS INSURANCE INVALID AND ALL COVER WILL STOP FROM THE START OF THE CONTRACT. WE RESERVE THE RIGHT TO REQUEST A COPY OF ANY DRIVER'S LICENCE AT ANY TIME.

A) Have you or any person who may drive been convicted of any motoring offence (including fixed penalties), been disqualified from driving or are there any prosecutions pending? IF YOU HAVE ANSWERED YES TO QUESTION 2A, PLEASE PROVIDE DETAILS BELOW

YES  NO

Name of Driver	Offence Code	Date of Offence	Date of Conviction	Penalty Points	Fine	Disqualification Period

B) Have you or any person who may drive had any accidents or losses in the last 3 years (whether to blame or not) involving a motorcycle, motor car or any other mechanically-propelled vehicle whether owned or not? IF YOU HAVE ANSWERED YES TO QUESTION 2B, PLEASE PROVIDE DETAILS BELOW

YES  NO

Name of Driver	Date	State type of claim Accident/Fire/Theft	Own vehicle repair cost	Third Party repair costs	Personal Injury paid or outstanding	Did Third Party pay?	Brief Details

C) Have you or any person who may drive ever been declined or refused any type of insurance or had any additional terms imposed? YES  NO

D) Does any driver suffer from a notifiable medical condition not notified to DVLA or any condition for which DVLA have restricted the licence? YES  NO

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

IF YOU HAVE ANSWERED YES TO EITHER QUESTION 2C AND/OR QUESTION 2D, FULL DETAILS MUST BE GIVEN IN THE SPACE PROVIDED OVER THE PAGE

## 3. THE MOTORCYCLE(S) - Show details of the motorcycle(s) to be insured below.

	1st Motorcycle	2nd Motorcycle	3rd Motorcycle
Make (e.g. Buell)			
Exact Model (e.g. XB12R)			
Cubic Capacity			
Year of Make			
Registration Mark			
Date of Purchase			
Purchase Price Paid			
Present Value			
Value of Accessories (policy limit £100)			
Cover Required (Please tick box)	COMP <input type="checkbox"/> TPFT <input type="checkbox"/> TPO <input type="checkbox"/>	COMP <input type="checkbox"/> TPFT <input type="checkbox"/> TPO <input type="checkbox"/>	COMP <input type="checkbox"/> TPFT <input type="checkbox"/> TPO <input type="checkbox"/>

A) Has the motorcycle(s) been modified or altered from the manufacturer's original specification or do you intend to alter it? YES  NO

IF YES, PLEASE GIVE DETAILS OVER THE PAGE.

B) Is the motorcycle(s) owned by you and registered in your name? YES  NO

IF NO, PLEASE GIVE DETAILS OVER THE PAGE.

C) Have you fitted or do you use any additional Anti-Theft device? YES  NO

IF YES, PLEASE GIVE DETAILS OVER THE PAGE (AN ADDITIONAL DISCOUNT MAY BE AVAILABLE)

D) Is the motorcycle(s) usually kept at your home address? YES  NO

IF YES, PLEASE STATE HOW THE VEHICLE IS STORED? E.G STREET, CAR PARK, GARAGE ETC

<input type="text"/>
<input type="text"/>

IF NO, PLEASE GIVE DETAILS AS TO THE ADDRESS WHERE VEHICLE KEPT AND STORAGE DETAILS

(If you have stated that your motorcycle will be garaged and a theft or attempted theft occurs within a 500 metre radius of the declared garaging address, we may:

- double the compulsory excess that applies; or
- not pay any amount for the theft or attempted theft.

If one of these terms applies, it will be shown as an endorsement in your schedule).

#### 4. USE

- A)** Social, Domestic and Pleasure Only.      **B)** Social, Domestic and Pleasure plus To and From One Permanent Place of Work.      **C)** Social, Domestic and Pleasure plus Business Use by the Proposer. (An additional premium is payable).

USE FOR DESPATCH, MESSENGER, COURIER OR FOOD DELIVERY SERVICES IS EXCLUDED

State use required (A,B or C)  Where B or C are required please give the postcode where the motorcycle is kept while you are at work and storage details.

Postcode  Storage (e.g. Street, Car Park, Garage etc)

#### 5. PREVIOUS INSURANCE

- A)** Do you now or have you ever held a previous motorcycle insurance policy?      YES       NO   
**B)** Have you earned any no claim bonus (NCB) on a motorcycle policy within the last two years?      YES       NO

If YES, please give No. of years  Name of Insurer  Policy Number

IN THE EVENT OF A CLAIM YOU WILL BE REQUIRED TO PRODUCE PROOF OF YOUR NCB. THREE OR MORE YEARS NCB WILL ONLY BE ALLOWED IF PROOF IS SUPPLIED WITH THIS FORM

#### 6. EXTRA BENEFITS AVAILABLE

- A)** Do you wish to increase the Total Accessories Cover in excess of £100? (not available with TPO cover)      YES       NO   
**B)** Would you like to have Personal Accident and Personal Effects Cover? (only available with Comprehensive Cover)      YES       NO   
**C)** If you have 3 or more years NCB, do you wish to protect it?      YES       NO

AN ADDITIONAL PREMIUM IS PAYABLE FOR THESE EXTRA BENEFITS.

#### 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 DVLI 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.miic.org.uk](http://www.miic.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)

Where you have answered by ticking a shaded box, please provide full details: