

Motor Insurance Proposal Form

Ref. No./Policy No. <input style="width: 95%;" type="text"/>	Agency No. / Name <input style="width: 95%;" type="text"/>
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Important Note: Failure to disclose all material information (i.e. information which is likely to influence the acceptance of the risk and the terms applied) could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed. It is an offence under the Road Traffic Act to make any false statement or withhold any information to obtain a Certificate of Motor Insurance. Insurers pass information to 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 the register. 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 register. Your insurance cover details will be added to the Motor Insurance Database, run by the Motor Insurers' Information Centre (MIIC). This has been set up to help identify uninsured drivers, and may be searched by the Police to help confirm who is insured to drive. If there is an accident, the Database may be used by insurers, MIIC and the Motor Insurers' Bureau to identify relevant policy information. You can ask us for more information about this. You should show this notice to anyone insured to drive the vehicle covered under the policy.

YOU - THE PROPOSER

Surname (Mr/Mrs/Miss/Ms) <input style="width: 95%;" type="text"/>		Forenames <input style="width: 95%;" type="text"/>	
Address <input style="width: 95%;" type="text"/>		Town <input style="width: 95%;" type="text"/>	
County <input style="width: 95%;" type="text"/>	Postcode <input style="width: 95%;" type="text"/>	Age <input style="width: 95%;" type="text"/>	Date of Birth <input style="width: 95%;" type="text"/> / <input style="width: 95%;" type="text"/> / <input style="width: 95%;" type="text"/>
Home Tel. No <input style="width: 95%;" type="text"/> - <input style="width: 95%;" type="text"/>		Business Tel. No <input style="width: 95%;" type="text"/> - <input style="width: 95%;" type="text"/>	
Occupation(s) <input style="width: 95%;" type="text"/> <small>including any part-time employment</small>		Employers Business <input style="width: 95%;" type="text"/>	
How long have you been driving in the UK ? <input style="width: 95%;" type="text"/> year(s)		Are you permanently residing in UK ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Have you been permanently residing in UK for the past 3 years ? Yes <input type="checkbox"/> No <input type="checkbox"/>	

THE PROPOSED VEHICLE & ITS USE

Make of Vehicle <input style="width: 95%;" type="text"/>	Exact Model <input style="width: 95%;" type="text"/>	Engine Size (C.C.) <input style="width: 95%;" type="text"/>
Year of Manufacture <input style="width: 95%;" type="text"/>	Registration No. <input style="width: 95%;" type="text"/>	Who is the Owner ? <input style="width: 95%;" type="text"/>
Date of Purchase of the Vehicle ? <input style="width: 95%;" type="text"/> / <input style="width: 95%;" type="text"/> / <input style="width: 95%;" type="text"/>		Value of Vehicle <input style="width: 95%;" type="text"/>
Has the vehicle been modified ? if Yes, please provide details <input style="width: 95%;" type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Address where vehicle is kept if different from insured address ? <input style="width: 95%;" type="text"/>		
Who is the main user of vehicle ? <input style="width: 95%;" type="text"/>	Is the vehicle left hand drive ? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the vehicle kept on a drive overnight ? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Is the vehicle kept in a locked garage overnight ? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is your car fitted with an alarm system ? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you have the use of another vehicle ? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will the vehicle be used for any business use (full/part-time) or official use by yourself or any other known driver ? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details of business and/or official use.		
Name <input style="width: 95%;" type="text"/>	Employer <input style="width: 95%;" type="text"/>	Full Details <input style="width: 95%;" type="text"/>
		Approx. annual mileage involved <input style="width: 95%;" type="text"/>
Do you own any other vehicle ? if Yes, please provide details <input style="width: 95%;" type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Give details of any other security devices e.g. immobiliser, wheel nuts, etc. <input style="width: 95%;" type="text"/>		

YOUR INSURANCE REQUIREMENTS

Time and Date of Insurance to Commence:	<input style="width: 95%;" type="text"/> hrs	<input style="width: 95%;" type="text"/> day	<input style="width: 95%;" type="text"/> month	<input style="width: 95%;" type="text"/> year
Will the vehicle be used for: (Please tick as appropriate)				
Social, domestic and pleasure only (which includes travel to and from normal place of work) ?				<input type="checkbox"/>
Business purposes by yourself/your spouse ?				<input type="checkbox"/>
Business purposes by yourself/your employer and partner ?				<input type="checkbox"/>
Commercial travelling or motor trade purposes ?				<input type="checkbox"/>
<small>Note: All classes exclude use for racing, competitions, rallies or trials.</small>				
Will your car be used for any purpose not provided for in the class of use indicated above ? if Yes, please give details				Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width: 95%;" type="text"/>				

