

PRIVATE MOTOR INSURANCE PROPOSAL FORM



IMPORTANT: It is an offence under the road traffic law to make a false statement or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance and great care must be taken to ensure that this form is fully completed. For risks written outside the Bailiwick of Guernsey the Insurer is Royal & Sun Alliance Insurance plc

PLEASE COMPLETE IN BLOCK CAPITALS

Premium	<input type="text"/>	Broker/Agency	<input style="width: 100%; height: 100%;" type="text"/>
Broker/Agent Quote Ref	<input type="text"/>		
OFFICE USE ONLY			
Policy No	<input type="text"/>		
Authorised	<input type="text"/>		

Proposer's Full Name Mr, Mrs, Ms, Miss

Address

Postcode:

How long have you been at this address

Telephone No. Email address

Address where vehicle is normally kept *(if different from above)*

Postcode:

Precise Occupation (including any part time or casual) and nature of duties

Marital status (tick box) Married Single Widowed Divorced

Insurance required from a.m./p.m. on

Who will drive?

1. Please indicate in the appropriate box who will drive?

- (a) Yourself
- (b) Yourself and Spouse
- (c) Yourself and other named drivers
- (d) Any authorised driver over 25 years of age

(NB all drivers under 25 years of age must be named.)

2. In every case please give details of ALL persons who you know will drive the car, even if only driving occasionally.

Drivers	Full Name	Date of Birth	Precise occupation (including any part-time or casual) and nature of duties	Type of CI/UK Licence held (Full or Prov)	Date Passed CI/UK driving test	Who is the Main Driver of this car (please tick)	Approximate Future Annual Mileage (per Driver) in this car
Yourself							
Your Spouse							
Other Drivers							

Accessories (This section is only applicable if Comprehensive or Third Party Fire & Theft cover is selected.)

N.B Cover for accessories designed for audio or visual entertainment or for communication purposes e.g radios, cassette players and in car telephones, applies only to permanently fitted items and is subject to a **limit of £1,000** any one occurrence.

If you require a higher limit than £1,000 please state the amount of cover you require up to a **maximum of £2,000**.
An additional premium will be charged for this.

Please indicate the cover you require

Comprehensive (£100 compulsory excess applies)

Third Party Fire & Theft

Third Party Only

Voluntary Excess (Applicable only if Comprehensive cover is selected.)

If you have selected Comprehensive cover your premium will be reduced if you agree to pay an additional amount (excess) for each damage claim to your car(s).

NB A young/inexperienced driver excess or other compulsory excess may apply to your policy and will be in addition to any Voluntary Excess you select.

Please select the Voluntary Excess you require.

£50

£100

£250

If you tick any of the shaded boxes below please give full details on the 'additional information' section at the end of this proposal form.

No Claim Discount Please answer where appropriate (tick box)

1. Are you entitled to No Claim Discount? Yes No If Yes, Number of Claim Free Years

2. Please give details from your last insurer or attach your latest renewal notice (a photocopy is not acceptable)

(a) Insurer's Name (b) Policy number (c) Cancellation/Lapse date

NB We may contact your previous insurer to verify information

3. Do you require No Claim Discount Protection? Yes No

If you are not entitled to No Claim Discount, and are aged 25 or over, you may be eligible for an **Introductory** No Claim Discount. If so please complete the following question.

In the last 5 years have you or the main driver of your car:

(a) Owned a car Yes No (b) Regularly driven cars belonging to others Yes No

If Yes, please specify

Extra Help (24 Hour Legal advice and expenses up to £25,000 - an additional premium is payable for this facility)

Do wish to have Extra help? Yes No

About the Drivers

Have YOU or ANY PERSON who will drive:

- (a) been involved in any vehicle accident or loss in the last 5 years (this includes all vehicle accidents/losses/thefts irrespective of blame and whether or not an insurance claim resulted)? Yes No
- (b) been convicted of any motoring offence including endorsable fixed penalty offences during the last 5 years or is any prosecution pending? Yes No
- (c) been disqualified from driving? Yes No
- (d) been refused motor insurance or been quoted an increased premium or had special terms imposed? Yes No
- (e) been convicted of any criminal offence (other than a motoring offence) or is such a prosecution pending? Yes No
- (f) been resident outside the Channel Islands, Isle of Man or UK in the last 3 years? Yes No
- (g) suffered from heart disorder, diabetes, fits or other mental or physical infirmity or are you/they regularly taking any prescribed medication or had any special conditions imposed on their driving licence by any relevant authority? Yes No

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS AND NEED SPACE TO PROVIDE FURTHER DETAILS, PLEASE USE THE 'ADDITIONAL INFORMATION' SECTION OF THIS PROPOSAL FORM.

How will the car(s) be used?

Social, Domestic and Pleasure Use and Business Use by you is covered in all cases.

Do you also require any of the following:

- | | | |
|--|---|-----------------------------|
| (a) Business use by any other person? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (b) Carriage of passengers or goods in connection with any business? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (c) Commercial travelling or use in connection with the motor trade? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (d) Carriage of passengers or goods for hire or reward? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

NB Full policy cover applies in EU and certain other European countries for up to 60 days in any one visit.

About your car(s)

Make	Model	Type (e.g. GL)	Engine Size	Registration No.	Year of Make	Market Value of Car*	Area or Postcode where vehicle kept at night	Is the car usually kept in a building overnight	
								Yes	No
			cc			£		<input type="checkbox"/>	<input type="checkbox"/>
			cc			£		<input type="checkbox"/>	<input type="checkbox"/>

* The approximate cost of replacing your car with a car of the same make, model, condition, specification, mileage and age (a policy limit of £100,000 per car applies).

- | | | |
|---|---|-----------------------------|
| 1. Have you bought the car for use by another person? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 2. Do you or your family own or lease or have a full use of any cars not included in this Proposal Form e.g. company cars? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have any of the cars been modified or altered from the maker's specification or are any cars left hand drive? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are any of the cars included in this Proposal Form owned by or registered in the name of another person or organisation or entity? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 5. Are any of the cars included in this Proposal Form subject to a hire purchase or vehicle leasing agreement? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 6. Has the car been fitted with an alarm, engine immobiliser or tracking device? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 7. Was the vehicle bought as new or second hand outside the Channel Islands or the UK, or has it ever been rebadged? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 8. Is the vehicle of a specification not generally available in the Channel Islands or the UK? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9. Does the vehicle registration document show any previous registration number? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 9 (a) If yes, please state previous registration number and country of registration | | |

Previous Reg. No. Country of Reg.

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS AND NEED SPACE TO PROVIDE FURTHER DETAILS, PLEASE USE THE 'ADDITIONAL INFORMATION' SECTION OF THIS PROPOSAL FORM.

Additional Information

If you have ticked ANY of the shaded boxes contained on this Proposal Form or need to provide further information to help us to consider the insurance (See **Important Note** and **Declaration Below**), Please give FULL details here or on a separate sheet of paper (attach details). Please state Question clearly.

Important Note

Please read the following carefully before you sign and date the Declaration.

- The answers you have given to these questions will usually provide us with sufficient information to enable us to consider this Proposal.
- However, because no list of questions can be exhaustive please consider carefully whether there is any other material information known to you which could influence our acceptance and assessment of the risk.
- Material information would include any special feature of the vehicle, use, driver's history or its location which makes losses or accidents more likely to happen, or more serious if they do.
- Please disclose in the Additional Information Section or on a separate attaching sheet of paper any such material information even if you have doubts as to whether it is material or not. Please note that you are not required to disclose convictions regarded as spent within the Rehabilitation of Offenders Act, 1974 or any equivalent Channel Islands legislation
- Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid.
- You should also keep your own record (including copies) of all information supplied to us in arranging this insurance.
- A copy of your completed Proposal is available on request. Please tick box if required.
- Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS 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. 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 insurance cover details will be added as required 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 Police to help confirm who is insured to drive. If there is an accident, the Database may be used by the 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.
- The insurers reserve the right to confirm driving licence details with the appropriate authority.

Declaration

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand.

- I/We understand that you will pass the information on this form and about any incident to IDS Ltd and the 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 and the 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 to the best of my/our knowledge and belief the answers given are true and all material information as explained has been disclosed.
- I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent acting on my/our behalf, and not the agent of Insurance Corporation of the Channel Islands Ltd.
- I/We declare that the Proposal Form is for insurance in the normal terms and conditions of the Insurer's policy and shall be incorporated in and form part of the insurance contract.

Signature of Proposer(s)

Date

This insurance will not commence until the insurers have indicated their acceptance of the Proposal and a Cover Note or Certificate of Motor Insurance has been delivered. The Insurers reserve the right to decline any Proposal.

Please initial any alterations on this Proposal Form.

