

Europa General Private Motor Proposal Form

Europa General Underwriters (NI) Ltd.
81-91 Academy Street
Belfast
Northern Ireland
BT1 2LS
Telephone: 028 90320190

Broker

Section A PROPOSER

| | | | |
|-----------|--|--------------------------------------|-------|
| Full Name | Europa Silver <input type="checkbox"/> | Europa Lady <input type="checkbox"/> | D.O.B |
|-----------|--|--------------------------------------|-------|

| | | |
|-----------|-------------------|-------------|
| Address | | |
| Postcode: | Telephone Number: | Fax/E-Mail: |

| | |
|--|-------------|
| Occupation & Nature of Business: (Full Time) | (Part Time) |
|--|-------------|

1. Do you or your spouse (if applicable) have regular use of any other vehicle? If Yes, please give details in section H. Yes / No
2. What type of licence do you hold? Full UK Provisional UK How long held? (years & months)
3. Are you a smoker? Yes / No 6. Years of continuous residence in the UK?
4. Are you a home owner? Yes / No 7. Estimated annual mileage? Personal Business
5. Are you married? Yes / No

Section B VEHICLE

| Make and model (incl. type of body) | Reg. No. | Petrol/Diesel | Date of purchase | Year of make | C.C. | Value | Right or left hand drive |
|--|----------|---------------|------------------|--------------|------|-------|--------------------------|
| | | | | | | | |

If **oNo** for 1-4 or **oYes** to 5, please give details

- | | | |
|--|-----------------------------------|--|
| 1. Is the car registered in your name? | Yes / No | <input style="width: 90%;" type="text"/> |
| 2. Are you the owner of the vehicle? | Yes / No | <input style="width: 90%;" type="text"/> |
| 3. Are you the main driver of the vehicle? | Yes / No | <input style="width: 90%;" type="text"/> |
| 4. Is the vehicle kept at the above address when not in use? | Yes / No | <input style="width: 90%;" type="text"/> |
| 5. Has the vehicle been altered in any way from the maker's specification? | Yes / No | <input style="width: 90%;" type="text"/> |
| 6. Where is the vehicle kept overnight? (select as appropriate) | Garage <input type="checkbox"/> | Driveway <input type="checkbox"/> |
| | Roadside <input type="checkbox"/> | |

Section C VEHICLE USE

3. By you or your spouse in connection with your business or profession? (Class 1) ase select as approp Yes / No
4. By anyone else in connection with your business? (Class 2) Yes / No
5. For the carriage of goods or samples in connection with your business or profession? (Class 2) Yes / No
6. For selling or commercial travelling? (Class 3) Yes / No

Section D ADDITIONAL DRIVERS

| Full Names | Tick if spouse | Tick if main user | Occupation (incl. P/T) | Age | Licence Type (full/provisional) | How long held? (years & months) |
|------------|----------------|-------------------|------------------------|-----|---------------------------------|---------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Section E DRIVING HISTORY & CLAIM HISTORY

1. Do you or any person who may drive suffer from: (select as appropriate)
- (a) Diabetes, Epilepsy, Heart Condition or any other diseases or physical infirmity which could impair the ability to drive? Yes / No
- (b) If answered Yes to 1 (a) have the DVLNI been notified and issued a licence? Yes / No
2. Have you or has any person who may drive:
- (a) Been subject to a driving disqualification or penalty points or been convicted for any motoring/criminal offence or is any prosecution pending? Yes / No
- (b) Had any accidents/losses in connection with any motor vehicle in the last 3 years? Yes / No
- (c) Been declined Motor Insurance, had a policy cancelled or refused or had any special terms imposed? Yes / No

If "Yes" for any of the above, name the person and give full details.

Section F NO CLAIMS BONUS & DRIVING EXPERIENCE

1. How many years no claims bonus are you claiming? (bonus not currently used on any other vehicle) years
2. If eligible, do you require No Claims Bonus Protection? (select as appropriate) Yes / No
3. Please provide details of your previous insurer below and attach your last renewal notice as evidence.
4. If no bonus has been earned, please advise the number of years named driver experience and provide details of insurer below. years

Insurer Policy Number Expiry Date

Section G COVER

Cover required from am/pm on to midnight 12 months hence

Cover required

If cover is comprehensive, please confirm if a voluntary excess of £150 is required in addition to any compulsory excess? Yes / No

Section H ADDITIONAL INFORMATION (attach additional sheet if required)

SECTION I IMPORTANT NOTES & DECLARATION

IMPORTANT NOTES

Law Applicable to Contract: The parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English law.

Material Facts: When completing this proposal form it is important that you should disclose all material facts: that is, those facts that will influence an insurer in the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material, you should disclose it. Failure to do so may give the underwriters the right to refuse the claims which you make and in certain circumstances to avoid the policy altogether. It is an offence under the Road Traffic Act to make any false statement or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance.

Record Keeping: You should keep a record (including copies of letters) of all information supplied to us for the purpose of entering into this contract. A copy of this completed proposal form will be supplied to you on request within a period of 3 months after its completion.

Use of Information: Europa General Underwriters (NI) Ltd holds your details in accordance with the Data Protection Act 1998. The information you provide to Europa General Underwriters (NI) Ltd will be used to administer and process any products/services you have purchased from us, administer any future agreements we may have with you, manage any claim notified by you or by a third party and for client services, research and statistical analysis. Europa General Underwriters (NI) Ltd may carry out searches for the purpose of verifying your identity and driving experience and/or a credit search with a licensed credit reference agency.

Products and Services: Unless you have advised us otherwise, we may share personal data that you provide with our business partners so we and they may contact you (by mail, e-mail, telephone or other appropriate means) in order to tell you about carefully selected products, services or offers that we believe will be of interest to you.

Motor Insurance Database: Your insurance cover details will be added to the Motor Insurance Database (MID), 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 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 ascertain relevant policy information. Persons with a valid 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 at www.miic.org.uk.

Declaration: I/We hereby declare to the best of my/our knowledge and belief that the information given on this proposal form is true in every respect and nothing that may influence the Underwriters in accepting or assessing this proposal has been withheld. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Underwriters and will be incorporated therein.

PROPOSERS SIGNATURE **DATE**

SECTION J PREMIUM QUOTED (to be completed by broker)

EGU Quote Reference Premium Quoted £