

IMPORTANT MESSAGE

YOU ARE REMINDED THAT YOU MUST PROVIDE ALL MATERIAL INFORMATION LIKELY TO INFLUENCE THE ACCEPTANCE AND ASSESSMENT OF THIS INSURANCE, IF YOU HAVE ANY DOUBTS AS TO WHETHER A FACT IS MATERIAL, IT SHOULD BE DISCLOSED, FAILURE TO DISCLOSE ALL MATERIAL FACTS MAY INVALIDATE YOUR POLICY OR MAY RESULT IN YOUR POLICY NOT OPERATING FULLY. IT IS AN OFFENCE UNDER THE ROAD TRAFFIC ACTS TO MAKE ANY FALSE STATEMENT OR WITHHOLD ANY MATERIAL INFORMATION FOR THE PURPOSE OF OBTAINING A CERTIFICATE OF MOTOR INSURANCE.

PLEASE ENSURE ALL QUESTIONS ARE FULLY ANSWERED

COVER TO COMMENCE

am/pm

ON: Date:

PROPOSER:

Name:

Date of Birth

IMCC Membership No.

Address:

Occupation

Licence No.

Telephone No.

Date Irish Test Passed

VEHICLE:

Make and exact Model	C.C.	Seating Capacity	Registration Number	Year of Manufacture	Purchase Price	Date of purchase	Present Estimated Value
							€
							Stg£

Is the vehicle manufactured as a camper?

Yes

No

If any question is answered no, please give separate details.

Is the vehicle owned by you?

Yes

No

Is the vehicle registered in your name?

Yes

No

Is the Vehicle Left Hand Drive?

Yes

No

Are you the main user of the vehicle?

Yes

No

Do you or your spouse own and insure a private car?

Yes

No

If so, please state insurer(s) and policy number

If not, you cannot avail of this scheme.

Note: This insurance will be in respect of Social, Domestic & Pleasure use only unless specifically agreed.

DRIVERS:

ADDITIONAL DRIVERS Name	Male/Female	Relationship to you	Date of Birth	How long Resident in Ireland	Type of Licence	Date Test Passed	Precise Occupation

Have you or any named driver ever been convicted of or charged with a criminal offence?

Yes

No

If any question is answered yes, please give separate details.

Do you or your spouse or any person who will drive suffer from Diabetes, epilepsy, Heart condition?

Yes

No

Any other disease, infirmity or physical disability which could impair the ability to drive?

Yes

No

Have you or any named driver during the past 5 years ever: been convicted of any motoring offence?

Yes

No

If any question is answered yes, please give separate details.

been subject to a driving disqualification?

Yes

No

had a loss in connection with any vehicle?

Yes

No

had any proposal declined, renewal refused, policy cancelled or special terms imposed?

Yes

No

DECLARATION:

Before signing this declaration please ensure that all questions have been **FULLY ANSWERED**

I declare that:

- A I have read and understood the proposal form.
- B The statements made in this proposal form are true and correct to the best of my knowledge and belief.
- C If such statements have been written by any person other than myself, such person shall be deemed to be my agent. I accept full responsibility for the answers and statements hereon.
- D I will accept insurance subject to the terms and conditions of the Company's policy.

I AGREE THAT THIS PROPOSAL AND DECLARATION SHALL BE INCORPORATED IN AND FORM PART OF THE CONTRACT BETWEEN MYSELF AND HIBERNIAN INSURANCE COMPANY LIMITED

SIGNATURE

The Company reserves the right to decline any proposal or impose special terms. The Company is not on risk until a Cover Note or Certificate has been delivered to the Proposer