

# HAVEN INSURANCE COMPANY LIMITED

## MOTOR INSURANCE APPLICATION FORM

**All questions MUST be answered in full where appropriate, amending any errors and initialling the alterations**

This Application Form must be completed in full in ink and all questions answered to the best of your knowledge. If someone else completes this for you they are deemed to be your agent. It is your responsibility to check that the information entered on this form is correct and accurate. The information on this form will be used as the basis of the policy and if any answers are incorrect you should immediately notify us. Any incorrect information may invalidate your policy or may result in your policy not operating fully. You must supply us with all material facts. A material fact is one that would be likely to influence our acceptance and/or assessment or your Application. If you are in any doubt as to whether a particular item of information is material you should disclose it. 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.

### 1. YOUR DETAILS

Title:	Surname:	Address:
Forename(s):		
Employer:		Post Code

Telephone:	Home Telephone:
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### 2. GIVE THE FOLLOWING DETAILS ABOUT YOURSELF AND ALL PERSONS WHO TO YOUR KNOWLEDGE WILL DRIVE THE CAR SHOWING CLEARLY WHO IS THE MAIN USER.

**NOTE: Policy cover is restricted to Proposer and 3 named drivers only.**

Full Name	Date of Birth	Occupation inc. any part-time employment	Employers Business	Type of Licence	Date Test Passed	Main User
Proposer						

### 3. DRIVERS HISTORY AND EXPERIENCE

Have you or any person who to your knowledge will drive:

a) been convicted of any motoring offence during the last 5 years or is any prosecution pending?	Yes		No	
b) ever been disqualified from driving or had a driving licence suspended or revoked?	Yes		No	
c) ever had a motor vehicle insurance policy cancelled or refused or ever had special terms imposed?	Yes		No	
d) suffered from diabetes, epilepsy, heart disorder, defective vision or hearing, loss of use of any limb or any mental or physical infirmity?	Yes		No	
e) In the last 5 years been involved in any accident/loss, <b>whether to blame or not</b> , with any motor vehicle either owned or driven?	Yes		No	
f) been convicted of an criminal offence that should be disclosed under the Rehabilitation of Offenders act?	Yes		No	

**If the answer to any of these questions is YES, please give details**

a), b), c), d), e)	Name of Driver	Date (accident, conviction or onset of condition)	Offence Code (Conviction)	Fine Imposed (Conviction) or cost of own damage (Accident)	Cost of Third Party Damage (if known)	Brief Details (including details of any persons injured in an accident)

#### 4. FINANCE AGREEMENT DETAILS

Is the vehicle subject to a finance agreement?	Yes	No	If YES: The length of the finance agreement	Months
Current odometer	Miles		Annual Mileage	Miles
Is Maintenance included?	Yes	No		

#### 5. USE REQUIRED

A	Social, Domestic & Pleasure Excluding Commuting		6. PREVIOUS EXPERIENCE	
B	Social, Domestic & Pleasure & Commuting by Proposer only		Name of previous Insurer?	
C	Social, Domestic & Pleasure & Commuting by Proposer and Spouse		Policy Number?	
D	Social, Domestic & Pleasure & Business Use by Proposer only		No. of Yrs. No Claims Bonus available to transfer to this vehicle?	
E	Social, Domestic & Pleasure & Business Use by Any Named Driver		Do you have proof?	Yes <input type="checkbox"/> No <input type="checkbox"/>

#### 7. VEHICLE DETAILS

Make & Model	C.C.	Year	Date of Purchase	Value	Registration Mark	Is Car L.H.D.	Any Modifications?

#### 8. POLICY DETAILS

When do you require cover to start:		Level of cover required:	
Policy Period Required (months)	Where is the vehicle parked overnight?		

#### 9. ADDITIONAL INFORMATION

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#### 10. DECLARATION

I/We consent to the information on this form and on any claim I/We may make being supplied to IDS Ltd so it can be made available to other insurers.

I/We also agree that, in response to any searches you may make in connection with this application or any claims, IDS Ltd may supply information it has received from other insurers about other claims I/We have made.

I/We confirm that as far as I am/We are aware, the statements made by me or on my/our behalf in connection with this insurance are true and complete.

I/We agree to accept a policy in the Company's usual form for this class of business.

Proposer's Signature:		Date:	
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We reserve the right to decline any Application. You should keep a record (including copies of letters) of all information supplied by you to the Company. A copy of the Application will be supplied to you if requested within three months of its completion. NO cover is in force until a cover note has been issued.