



# COPELAND INSURANCE

# MOTORCARE PROPOSAL

PLEASE ANSWER ALL QUESTIONS IN FULL AND IN BLOCK CAPITALS

## PROPOSER

1<sup>st</sup> INSURED (Mr, Mrs, Miss)

FIRST NAMES:

SURNAME:

AGE:

DATE OF BIRTH:

HOME ADDRESS:

POSTCODE:

HOME TELEPHONE:

WORK TELEPHONE:

MARITAL STATUS:

FULL TIME OCCUPATION:

PART TIME OCCUPATION:

EMPLOYER'S BUSINESS:

IF UNEMPLOYED STATE PREVIOUS TRADE OR PROFESSION:

STATE PREVIOUS TRADE OR PROFESSION:

PROFESSION:

## COVER AND USE

(a) What cover is required (State number)

1) Comprehensive 2) Third Party Fire & Theft 3) Third Party Only

(b) If comprehensive, do you wish to bear a voluntary Own Damage Excess? (State number) (This would apply in addition to any Compulsory Excesses Imposed)

1) £250 Excess 2) £500 Excess (vehicles over £20,000)

(c) Period of Insurance commencing 00.00 hrs

(d) Will your vehicle be used solely for Social Domestic & Pleasure Only and travel between home and permanent place of business?

Yes  No

(e) State any other use

(f) Protected No Claims Discount required

Yes  No

## VEHICLE DETAILS

Registration Number	Make & Model Version	Type of Body	No. of Seats	Year of Make	Proposers Estimate of Present Value	Cubic Capacity of Engine	Cost and Date Purchased
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(a) Has the vehicle been modified, altered, adapted or is it a Left Hand Drive?

Yes  No

If 'Yes' give full details:

(b) Will the car be kept in a lock-up garage when not in use?

Yes  No

If 'No' state where car is kept e.g. in driveway, road,	
(c) Will the car be kept at the proposer's address?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) State country where vehicle will be kept:	

**OWNERSHIP AND DRIVERS**

(a) Do you own the vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'no' give full details:	

(b) Is the vehicle registered in your name?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'no' give full details:	

(c) Do you or any member of your family own another vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes' give full details:	

(d) Do you or any member of your family have the use of another vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes' give full details:	

(e) Who will drive? (State number)	
1) Yourself Only 2) Yourself & Spouse Only 3) Named & Approved Drivers Maximum 4 including Proposer.	

(f) Give the full details below in respect of yourself and ALL others who will drive – continue if more space is required.

Full name	Occupation (all including part time must be stated)	Date of birth	Type of British Driving Licence held	How long has the licence been held	Number of years resident in UK	✓ To indicate main user

## DRIVING AND MEDICAL RECORD AND CLAIMS HISTORY

Have you, your spouse, or any other person who will drive the vehicle:

(a) Lost an eye, limb or part of a limb, defective vision or hearing, any physical or mental infirmity, epilepsy, diabetes or any heart complaint or other abnormal medical condition?

Yes  No

If 'Yes' give full details:

(b) Been convicted of any motoring offence other than parking? Or is any prosecution pending?

Yes  No

If 'Yes' give full details:

(c) Been disqualified from driving?

Yes  No

If 'Yes' give full details:

(d) Been refused any motor vehicle insurance or continuance thereof, or been required to pay an increased premium or had special conditions imposed by any motor insurer?

Yes  No

If 'Yes' give full details:

(e) During the past 3 years been involved in any accident or claim irrespective of blame, or loss by fire or theft?

Yes  No

If 'Yes' give full details:

## PREVIOUS INSURANCE AND NO CLAIM DISCOUNT

(a) Do you hold or have you ever held motor insurance?

Yes  No

If 'Yes' give name of insurer, policy number and expiry date, and state if it was 'protected' NCD

(b) Are you claiming No Claim Discount? If "Yes" you must attach your last renewal notice (A notice issued by a Broker or Agent is not acceptable)

Yes  No

## DECLARATION

### *A SPECIMAN POLICY IS AVAILABLE ON REQUEST*

I declare that (a) the statement made in this proposal are true and correct to the best of my knowledge and believe (b) if such statements are in the writing of any person other than myself, such person shall be deemed to have been my agent for the purpose of filling in the same, I agree that this proposal and declarations shall form the basis for the contract between me and the Underwriters.

Proposer's  
Signature:

Date:

The underwriters reserve the right to decline any proposal. Liability does not commence until the Proposal is accepted by the Underwriters.

Returning to the United Kingdom

This policy covers insured vehicles when they return to the United Kingdom for a period of up to 28 days during any one period of insurance, as defined in the policy schedule. If this period is exceeded cover will be reduced to the minimum necessary to meet the requirements of the Road Traffic Acts.

Agent Stamp

Office Use Only  
Policy Number:  
Client Ref:  
Area:  
Annual Premium  
Information

Underwritten by:

Date: