

Please use BLOCK CAPITALS. All questions must be answered fully and accurately

Proposer Name (in full): _____

Date of Birth: / /

Address (in full): _____

Telephone: _____

Mobile: _____

Post Code: _____

Web: _____

Address where vehicle(s) kept if different from above: _____

Email: _____

Business Description: _____

VEHICLE DETAILS

Reg. No.	Make/Model Chassis Manufacture	Year of Manufacture	Present Value	For what no. of adult passengers is vehicle passed by PSV. Inspector	GPS / Telematics / CCTV (Circle fitted Items)
					G T C
					G T C
					G T C
					G T C
					G T C
					G T C
					G T C

COVER AND USE

(Tick appropriate box)

PLEASE STATE USE:

School Transport Tour Operator Hackney Scheduled Services General and Private Hire

Wedding/Debs/Funeral Service **Limousine Service** Non Hire or Reward Taxi

COVER REQUIRED:

Third Party only Full Comprehensive (Third Party, Fire and Theft, and Own Damage)

Open Driving Insured Only Named Driver

Are the vehicle(s) owned by and registered in the name of the proposer? Yes No

If NO, please give details: _____

Are you now or have you been insured in respect of vehicles as listed in Vehicle Details above? Yes No

If YES, please state name of Company and Policy No(s): _____

Do you operate any other vehicle(s) with your P.S.V./Operating Licence not listed in Vehicle Details above? Yes No

If YES, please give details: _____

Has any vehicle been modified from the makers standard specifications? Yes No

If YES, please give details: _____

DRIVER DETAILS

Please answer yes or no to the following:

- Are you and all drivers over 25 years and under 70 years? Yes No
- Are you and all drivers free of accidents /claims for the last 3 years? Yes No
- Are you and all drivers free of physical/mental disability/ other medical condition which could impair ability to drive? Yes No
- Are you and all drivers free of conviction, disqualification or Penalty Points? Yes No
- Are you and all drivers holding a current full Driving Licence? Yes No
- Are you and all drivers free of refusal for Motor Insurance Cover by any Insurance Company ? Yes No

If the answer is "NO" to any of the above questions, complete the following:

Name of Persons	Occupation in full	Date of Birth	Does any driver suffer from any physical defect or infirmity or from defective vision or hearing?	Has any driver been convicted during the last five years of any offence in connection with any motor vehicle? If so, give full particulars	Type of Licence	Has any Insurer refused to accept, renew or cancel your/ his/her motorpolicy or impose special terms?

CLAIM HISTORY

Have there been any accidents or losses during the past 3 years in connection with motor vehicles when those vehicles were owned or driven by you or any driver described in Driver Details above? If Yes, give details below.

Details of all accidents in the last 3 years (including those where you were not at fault)

Name of Driver	Own Damage Costs	Third Party Cost	Circumstances of accident(s) / claim(s)

If you are entitled to any "No Claims Bonus" from your previous insurers, please state numbers of years claim free

PLEASE ATTACH RENEWAL NOTICE/NCB

I/WE the undersigned desire to effect insurance in terms of the Policy to be issued by AIG Europe S.A. I/WE undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof. I/WE hereby declare that the vehicle(s) described is/are in good condition and that all the above statements and particulars which I/WE have read over and checked that the above answers are true and that I/WE have not suppressed, misrepresented or mis-stated any material fact and I/WE agree that this Declaration shall be the basis of the Contact between me/us and the Company.

Period of Cover required from _____ to _____

Signed _____ Date _____

IMPORTANT: It is vital to make full disclosure of relevant facts, including: (a) your medical details or history; and (b) any previous insurance claims made by you for the type of insurance sought. Failure to disclose all information may result in (i) that a policy may be cancelled; (ii) that claims may not be paid; (iii) you may encounter difficulty in trying to purchase insurance elsewhere.

As 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 insurance, great care should be taken to ensure that all questions and sub-sections together with Supplementary Proposal attaching, are answered fully and accurately. Failure to disclose material facts could result in the company refusing to deal with a claim under your policy. Material facts are those which the company regard as likely to influence the assessment and acceptance of the proposal. If you are in any doubt as to whether or not certain information is material, then it should be disclosed. A copy of the Policy and a copy of the Proposal Form is available upon request.

N.B. No insurance is effective until the Insurance Company has accepted the Proposal. The Insurance Company reserves the right to decline any proposal. The JF Dunne Insurances Private Hire/Bus & Coach Programme is offered on a tied agency basis with AIG Europe S.A.

JF Dunne Insurances Ltd is regulated by the Central Bank of Ireland.
JF Dunne Insurances Ltd is part of the JF Dunne Group.