

Motor Family Group Insurance – Proposal Form – for quotation

Name of proposer		Name of practice	
Home address		Email	
	Postcode	Tel	Fax

1 Make and precise model (eg SE, GTDi etc)				1 Main driver	Usage	Date of birth	Occupation
					%	/ /	full-time/part-time
CC	Year of make	Value	Registration	2 Other *	%	/ /	
Annual mileage	Current excess	NCB	Renewal date / /	3 Other *	%	/ /	
Tracking device? (If yes, state system)				4 Other *	%	/ /	

* Names of other drivers (a discount maybe available if you restrict to 1 or 2 named drivers)

2 Make and precise model (eg SE, GTDi etc)				1 Main driver	Usage	Date of birth	Occupation
					%	/ /	full-time/part-time
CC	Year of make	Value	Registration	2 Other *	%	/ /	
Annual mileage	Current excess	NCB	Renewal date / /	3 Other *	%	/ /	
Tracking device? (If yes, state system)				4 Other *	%	/ /	

3 Make and precise model (eg SE, GTDi etc)				1 Main driver	Usage	Date of birth	Occupation
					%	/ /	full-time/part-time
CC	Year of make	Value	Registration	2 Other *	%	/ /	
Annual mileage	Current excess	NCB	Renewal date / /	3 Other *	%	/ /	
Tracking device? (If yes, state system)				4 Other *	%	/ /	

If you require cover in respect of more than 3 vehicles please complete the additional sections provided overleaf.

I confirm that all vehicles are to standard manufacturers specification with no modifications and right hand drive.

I confirm that the vehicles are owned and/or registered to me and/or my spouse or partner* and/or family member and kept at the address above.

I confirm that the drivers declared:

- a have not been refused motor insurance
- b do not suffer from any infirmity which impairs ability to drive
- c have not been convicted of any of the following offences or who have prosecutions pending:
 - manslaughter, causing death by reckless driving dangerous driving driving under the influence of drink or drugs failing to stop after an accident;
 - any offence of combination of offences which result in suspension from driving or any combination of offences during the past five years where the total number of penalty points exceeds six
- d have no more than 2 accidents or losses in the last 3 years or any claim resulting in payments exceeding £5000 in the past 3 years
- e have held a full license for at least 2 years

*The partner of the policyholder, living at the same address as the policyholder and sharing financial responsibilities. This does not include any business partners or associates.

If any drivers are under 25 please supply full details including details of all accidents, losses and convictions overleaf.

If you are unable to confirm the above statement please supply full and complete details overleaf.

Important notice

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which the insurer would regard as likely to influence the acceptance of the proposal. If you in any doubt as to whether or not certain information is material then it should be disclosed.

I agree that this proposal shall be the basis of the contract between me and the insurer. The insurer reserves the right to decline any proposal.

I confirm individuals named are aware that their personal data, including Sensitive Personal Data such as convictions, will be passed to or used by Aon and insurers for the purpose of providing insurance underwriting, claims handling and processing of insurance, and to prevent fraud.

Signature	Date / /
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Signature not required if submitting electronically

No cover will be in force until the proposal form and declaration have been accepted by the insurer and a certificate or covernote issued.

4 Make and precise model (eg SE, GTDi etc)				1 Main driver	Usage	Date of birth	Occupation
					%	/ /	full-time/part-time
CC	Year of make	Value	Registration	2 Other *	%	/ /	
Annual mileage	Current excess	NCB	Renewal date / /	3 Other *	%	/ /	
Tracking device? (If yes, state system)				4 Other *	%	/ /	

5 Make and precise model (eg SE, GTDi etc)				1 Main driver	Usage	Date of birth	Occupation
					%	/ /	full-time/part-time
CC	Year of make	Value	Registration	2 Other *	%	/ /	
Annual mileage	Current excess	NCB	Renewal date / /	3 Other *	%	/ /	
Tracking device? (If yes, state system)				4 Other *	%	/ /	

6 Make and precise model (eg SE, GTDi etc)				1 Main driver	Usage	Date of birth	Occupation
					%	/ /	full-time/part-time
CC	Year of make	Value	Registration	2 Other *	%	/ /	
Annual mileage	Current excess	NCB	Renewal date / /	3 Other *	%	/ /	
Tracking device? (If yes, state system)				4 Other *	%	/ /	

Please specify any vehicles currently covered for Third Party Fire & Theft

Drivers under 25 years of age Please include full details of **all** accidents, losses and convictions

Give details of any accidents or losses (including costs, dates and circumstances) while driving any motor vehicle

Costs	Date	Circumstances

Give details of any convictions during the past 5 years or any pending prosecution in connection with any vehicle

Conviction code	Conviction date	Offence code	Offence date	Fine(s)	Penalty points	Suspension period	Pending prosecution

All other drivers Additional details of additional material facts **only** if the answer to any of the questions overleaf is NO

Give details of any convictions during the past 5 years or any pending prosecution in connection with any vehicle

Conviction code	Conviction date	Offence code	Offence date	Fine(s)	Penalty points	Suspension period	Pending prosecution

Give details of any accidents or losses (including costs, dates and circumstances) while driving any motor vehicle

Costs	Date	Circumstances

Print name	
Signature	Date / /

Signature not required if submitting electronically

Any information concerning this insurance may be obtained from:
**Aon Limited, Gibraltar House, Gibraltar Walk,
 High Street, Wickford, Essex SS12 9AZ**
 Tel: 01268 764141 DX: 50313 Wickford Fax: 020 7570 1754
 email: APRMotor@aon.co.uk

Please save or print a copy for your records. Click the submit form button to return the completed form.