**CAR INSURANCE PROPOSAL FORM**

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| **THE MAIN DRIVER** Surname First name | **PLEASE FILL IN YOUR ANSWERS ON THIS SIDE OF THE FORM** |
| Name at birth if different to above |  |
| Date of birth |  |
| Town/City and Country of birth |  |
| **MARITAL STATUS**Married/Divorced/Single/Co-habitating/PACS  |  |
| **OCCUPATION** (Retired/Salaried/Self Employed/Company Owner/Housewife/husband/unemployed |  |
| **USAGE – Please select from the following**Private only **OR** travel to and from work **OR** professional business use  |  |
| Date Driving Test passed |  |
| No. of years insured  |  |
| Name of your Current Insurer  |  |
| What is the start date of this policy. (If this is less than 3 yrs, please provide previous Insurers details and dates when covered for the 3yr period).  |  |
| Current no claims bonus (No. of years) |  |
| Insurance claims made in the last 3 years (Please give **date**, **details**and **who** was responsible) |  |
| Have there been anyalcohol related driving offences in the last 3 yrs (date and details)  |  |
| **OTHER REGULAR DRIVERS** |  |
| Surname First name |  |
| Name at birth if different from above |  |
| Date of birth  |  |
| Town/City and Country of birth |  |
| Date Driving Test passed  |  |
| Do you have your own Car Insurance Policy. If so, please provide Name of Company and the start date of the policy  |  |
| Please state your No Claims Bonus and whether any claims have been made in the last 3 years |  |
| Have there been any alcohol related driving offences in the last 3 yrs (date and details) |  |
| **THE CAR**  |  |
| How is the car being purchased :- * Cash purchase
* Leased
 |  |
| Make of car  |  |
| Model  |  |
| Version e.g. cc/estate/4x4/cabriolet etc. Is it Manual or Automatic? |  |
| If you have a copy of the French Carte Grise, please state the Puissance Administrative from section P6 |  |
| Nº of doors  |  |
| No. of seats |  |
| Petrol or diesel  |  |
| Chassis Nº if known Automatic or Manual |  |
| Registration Nº  |  |
| Date of 1st registration  |  |
| Date car purchased by you |  |
| Where will the car be parked at night?* Garage Private gated land
* Private non-closed land Public parking
* Street
 |  |
| **THE INSURANCE COVER** * 3rd party liability only
* 3rd party liability, fire and theft
* Fully comprehensive
 |  |
| **ADDITIONAL OPTIONS*** Windscreen cover

(With approx 100€ Excess or No Excess*)* * Replacement vehicle
* 7000km limit per year
* Limit drivers to main driver

and partner only* Breakdown from home (0kms) or Breakdown from 25kms from home?
 |  |
| **COMMENCEMENT DATE**  |  |
| Policy Holder’s (Main Driver) NAME & ADDRESS for which you wish all correspondence to be sent to.   |  |
| French Address and Postcode ( if different from above) Please state if this is your **PERMANENT** home or a **SECOND/HOLIDAY**  home*?*(If you are moving to France in the near future, please enter the date you intend to move) |  |
| Telephone No.  |  |
| E-mail address  |  |
| Nº of cars in your household ?Is this your CURRENT CAR ALREADY INSURED ELSEWHERE? REPLACEMENT CAR ALREADY INSURED ELSEWHERE? ADDITIONAL OR NEW VEHICLE – NOT CURRENTLY INSURED? |  |
| Nº of children in the house who have held driving and/or beeninsured for less than 3 yrs  |  |

**METHOD OF PAYMENT – Please state whether you wish to pay Annually or Monthly :**

**If you wish to pay monthly, we must receive a copy of your Bank RIB BEFORE we are able to set up the policy**

**Additional information :**

* **Number of accidents involving bodily injury for which you have been held responsible (please give details)**
* **Number of claims in respect of theft or theft attempt (please give details)**
* **Number of claims in respect of fire, glass breakage or damages whilst the car was parked**
* **Number of claims for which you have not been held liable**
* **Other information**

**I hereby declare that:**

* **my driving license has not been suspended or cancelled following an accident or an offence**
* **no previous insurance policy has been cancelled for non payment of premium or misrepresentation of the material facts**

**Issued at : Date :**