

MARKERSTUDY INSURANCE COMPANY LIMITED and/or its Co-Insurers

Proposal for Private Motor Car Insurance

Please answer questions fully.

For Office Use Only  
Policy No .....

1. Proposer

Title  Forenames & Surname

Address

Postcode

Tel. No. Home:  Work:  Period of Insurance from  TIME (24 hrs) D M Y

Occupation (Including Part-time)  Employers Business

Date of Birth  Marital Status

2. Vehicle

Make of Car	Exact Model	Any Modifications	Type of Body	No. of seats	C.C.	Year of Make	Value	Registration No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

In addition to any Manufacturers devices has the vehicle been fitted with an alarm system or an immobiliser or a 'tracking' system?  If 'YES' please give details of:

Alarm

Immobiliser

Tracker

3. Cover and Use

Cover Required  Comprehensive Useage  Do you require protected NCD

Voluntary Excess applicable to the policy (Comprehensive Policies Only)  Annual Mileage  Is the vehicle kept in a locked garage overnight  Are you a Homeowner

4. Ownership

Do you own the vehicle?  Date of purchase of vehicle

If you have answered NO to either question, please give details here

5. Drivers

Who is the main user of the above vehicle?

Who will drive (i) Yourself Only  (ii) Yourself & Spouse Only  (iii) Yourself & up to 3 Named Persons  (iv) Any Driver

Give full details below in respect of yourself and ALL other who will drive. Please use the reverse of this form if more space is needed.

Full Name	Occupation	Employers Business	Marital Status	Date of Birth	Type of Licence	Years licence held.	Yrs Resident in UK	Are you a Smoker?	Do you own or insure any other vehicle?
YOURSELF									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Will any person (other than yourself) who will drive the vehicle

(a) be under 25 years of age?

4\*  
3\*

If 'YES' full details must be shown

6. Previous Experience

Have you or any person who may drive:-

- (a) Lost an eye, limb or part of a limb, defective vision or hearing, any physical or mental infirmity, epilepsy, diabetes or any heart or other complaint?
- (b) Any endorsement showing on their driving licence, or been convicted of any motoring offence during the past 5 years, or have any prosecution pending?
- (c) Been disqualified from driving or ever had their licence revoked?
- (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?
- (e) During the last 5 years been involved in any accident, loss or claim irrespective of blame?
- (f) Do you hold or have you ever held motor insurance?
- (g) Are you claiming no claim discount? If 'YES' you must attach your last renewal notice.

If 'YES' give full details including dates, circumstances and costs of any claims

If 'YES' to convictions, please provide copy of driving licence

If 'YES' to disabilities have you advised DVLA?

If 'NO' you must attach a copy of your driving licence

ADDITIONAL DETAILS

CONVICTIONS

Conv. No	Driver	Code	Conviction Date	Months Suspended	Points	Fine

ACCIDENTS

Acc. No	Driver	Type	Date	Ac. Fault	Own. Loss	T.P. Loss	Personal Injury

7. Declaration

I declare that

(a) the answers given are true and to the best of my knowledge and belief and that no information has been withheld that might influence the underwriters acceptance and assessment of this insurance.

(b) if the statements in this proposal are in the writing of any person other than myself, such person shall be deemed to be my agent for the purpose of filling in the proposal.

I/We agree to accept a document in the current form now issued by the underwriters subject to the terms and conditions and limitations contained therein and I agree to pay the premium.

I/We understand that you will pass the information on this form and about any incident I/we may give details of to IDS Ltd and ABI so that they can make it available to other insurers. I/We also understand that, in response to any searches you may make in connection with this application or any incident I/we have given details of, IDS Ltd and ABI may pass you information it has received from other insurers about other incidents anyone insured to drive the vehicle covered under the policy has been involved in.

I can confirm that before entering into this contract, my insurance advisor explained the procedure to be followed in the event of any complaint I may have and I am aware and agree that the contract shall be subject to English Law. I can confirm that I have read the information headed 'important' below and on the back.

Proposer's Signature	Date
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The underwriters reserve the right to decline any proposal. The liability of the underwriters does not commence until the proposal is accepted by the Head Office or an Official Cover note issued. It is recommended that you keep a record of all information supplied (including copies of letters) for the purpose of entering into this contract. You may also apply for a copy of this form within the next three months.

ADDITIONAL INFORMATION

IMPORTANT NOTES

Please take a few minutes to read this document carefully as it contains important information relating to the details that you have given us. You should show this notice to any other party related to this insurance.

Procedure In The Event Of A Complaint

If you have any problems with this insurance then you should contact the insurance advisor who arranged the cover for you. If you are not satisfied with the manner in which your complaint has been dealt with then you should write to:

The Underwriting Director,  
Markerstudy Insurance Company Limited,  
Montagu Pavilion, 8-10 Queensway, Gibraltar.

For Broker Use Only

You must attach a copy of your New Business Quotation Premium Calculation

Premium £

## IMPORTANT INFORMATION

For the purpose of the Data Protection Act 1998, the Data Controller in relation to any personal data you supply is Markerstudy Insurance Company Limited. We may store your information on a computer and in certain circumstances we may have to transfer your information to another country, which may be outside the EEA (European Economic Area). By proceeding with your insurance application we will assume you agree to this.

## INSURANCE ADMINISTRATION

Information you supply may be used for the purposes of insurance administration by the insurer and its agents, by re-insurers and your intermediary. In assessing any claims made, insurers may undertake checks against publicly available information such as electoral roll, county court judgements, bankruptcy or repossessions. Information may also be shared with other insurers either directly or via those acting for the insurer such as loss adjusters or investigators.

## INFORMATION ON PRODUCTS & SERVICES

We may use your details to send you information about other products and services from companies within Markerstudy Group or to carry out research. We may contact you by letter, telephone or email. Please be reassured that we won't make your personal details available to any companies outside Markerstudy Group to use for their own marketing purposes. If you would prefer not to receive information from companies within the group or participate in research, simply write to Markerstudy Insurance Company Limited, Mailing Exclusion Team, Markerstudy House, 108-112 Main Road, Sundridge, Sevenoaks, Kent TN14 6ES.

## MOTOR INSURANCE DATABASE

Your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers Information Centre (MIIC). This may be consulted by the Police in order to establish who is insured to drive the vehicle. If you are involved in an accident (in the UK or abroad), other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to ascertain relevant policy information.

Persons with a valid claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID.

You can find out more about this from us by calling 01959 547300 or at [www.miic.org.uk](http://www.miic.org.uk)

## FRAUD PREVENTION, DETECTION & CLAIMS HISTORY

In order to prevent and detect fraud we may at any time:

- \* Share information about you with the police, fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this. We and other organizations may also search these agencies and databases to:
  - o Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
  - o Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
  - o Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity;
- \* Undertake credit searches and additional fraud searches.

We can supply on request further details of the databases we access or contribute to.

## CLAIMS HISTORY

- \* Under the conditions of your policy you must tell us about any insurance related incidents (such as fire, water damage, theft or an accident) whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to a database.
- \* We may search these databases when you apply for insurance, in the event of any incident or claim, or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

On payment of a small fee you are entitled to receive a copy of the information we hold about you. If you have any questions, or you'd like to find out more about this notice you can write to the Data Protection Officer at Markerstudy Insurance Company Limited, Mailing Exclusion Team, Markerstudy House, 108-112 Main Road, Sundridge, Sevenoaks, Kent TN14 6ES or telephone 01959 547300.

## CREDIT SEARCHES AND ACCOUNTING

In accessing your application/renewal, we may search files made available to us by credit reference agencies. They may keep a record of that search. We may also pass to credit reference agencies information we hold about you and your payment record with us. Credit reference agencies share information with other organisations, enabling applications for financial products to be assessed or to assist the tracing of debtors, or to prevent fraud. We may ask credit reference agencies to provide a credit scoring computation. Credit scoring uses a number of factors to work out risks involved in any application. A score is given to each factor and a total score obtained. Where automatic credit scoring computations are used by us, acceptance or rejection of your application will not depend only on the results of the credit scoring process.

## SENSITIVE DATA

In order to assess the terms of the insurance contract or administer claims which arise, we will need to collect data which the Data Protection Act defines as sensitive such as medical history or criminal convictions. By proceeding with this contract you will signify your consent to such information being processed by the insurer or its agents.

## NOTES

1. No liability (except for the period stated on our official Cover Note) is undertaken until the application is accepted by ourselves and the premium paid
2. We reserve the right to ask for special terms or decline this application. If we decline this application a premium will be payable by you for the period in the official cover note.
3. You should keep a record (including copies of letters) of all information supplied for the purpose of entering into this insurance.
4. We will supply a copy of this application form on request within three months of completion.
5. Please note we operate a 'Key exclusion' clause. This means that we will not be liable for theft if the keys are left in or on the vehicle.
6. Information contained in this application form is for standard risks and is correct at the time of printing but may be subject to periodic changes. Please contact your usual insurance adviser for confirmation.
7. For our joint protection, telephone calls may be recorded and/or monitored.
8. A Specimen copy of the policy is available on request.