

PROPOSAL FOR CHANNEL ISLANDS SPECIFIED MOTORCYCLE POLICY

All questions must be answered fully. Please use **BLOCK LETTERS**. It is essential that you disclose accurately all facts which could influence the acceptance of this proposal, or the terms to be applied. If in doubt whether a fact is material, it should be disclosed. Failure to do so could invalidate the policy. You are advised to keep a record of all information supplied to the Company for the purpose of this insurance. A copy of proposal form sent to the Company will be supplied on request. This request should be made within 3 months of completion of the proposal form.

Details of Proposer:

Mr/Mrs/Miss/Ms:

First Name(s): _____ Surname: _____

Date of Birth:

Address:

Postcode: _____ Email Address: _____

Mobile Number: _____ Daytime/Work Number: _____ Home Number: _____

Occupation(s): **All must be stated** _____ Name of Employer: _____

Cover: What cover is required? Comprehensive Third Party Fire & Theft Third Party Only
Comprehensive only - Additional Voluntary Excess: £100 £150 £200

This policy will only cover motorcycles registered, and normally based, in the Channel Islands.

Commencement date of cover: From: _____ am _____ pm Date

Do you have or have you previously held a motorcycle insurance policy? (If **YES**, please give details below): Yes No / YY

Name of Insurer: _____ Policy No: _____ Renewal Date:

Number of Years Free of Claims: _____ Please provide proof

Drivers:

- Please give the following information in respect of **ALL** persons (including you, the proposer) who, to your knowledge, will or may drive any of the vehicles proposed for this insurance. It is your responsibility to check that a person that you allow to drive holds the appropriate licence.

Mr/Mrs/ Miss/Ms	Full Name	Date of Birth	Licence Type (e.g. Full or Provisional)	Country of Issue	Month & Year Obtained	Occupation
		<input type="text" value="DD / MM / YY"/>			<input type="text" value="MM / YY"/>	
		<input type="text" value="DD / MM / YY"/>			<input type="text" value="MM / YY"/>	
		<input type="text" value="DD / MM / YY"/>			<input type="text" value="MM / YY"/>	

Have all Drivers passed the CBT? Yes No If No please advise the date of the CBT DD / MM / YY

Please note that cover will only commence from the date of the CBT.

Please send in a copy of the front and back of the licences for all drivers or bring the licences with you when you come to our office.

2. Have you or has any driver:

a) any disease, physical or mental disability, loss of limb or eye, defective vision or hearing? Yes No

If so, has the disability been declared to the appropriate Licensing Authority? Yes No

b) ever been refused insurance, had insurance cancelled, declared void (as though it never existed) or had renewal declined, or had any special terms or conditions imposed? Yes No

c) ever been declared bankrupt, or been the subject of bankruptcy proceedings, court judgements, or made arrangements with creditors? Yes No

If you have ticked any of the shaded answer boxes in 2 then please provide details below

3. Have you or has any driver had a motoring accident or loss or made any motor insurance claim (including personal injury) or had any motor claim made against them in the last five years? Yes No

If you have answered 'YES' to 3, please complete the details below

Name of Driver	Date of Incident	Description of incident	Amount paid (total)	Was the driver judged to be at fault (Yes/No)
	DD / MM / YY			
	DD / MM / YY			

4. Have you or has any driver:

a) ever been convicted of, or charged with (but not yet tried), or received a police caution for any motoring offence (other than for a parking offence)? Yes No

b) ever been convicted of, or charged with (but not yet tried) or received a police caution for any other criminal offence (not related to motoring)? Yes No

If you have ticked any of the shaded answer boxes in 4, then please complete Conviction Questionnaire(s) available at www.islands.insure or from our office.

Vehicle to be Insured:

Make of Vehicle	Exact Model	Year of Make	Engine Size	Estimated Value	Registration Number
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Is the vehicle owned by and registered in the name of the Proposer? Yes No
If NO, please give full details of registered owner:

Will the vehicle(s) be used outside of the Channel Islands for periods in excess of 14 days? Yes No

Please note that use outside of the Channel Islands is only covered for up to 14 days any one trip subject to a maximum of 60 days in any one period of insurance.

Is the vehicle normally kept at the above address? Yes No
If NO, please give address and post code of where the vehicle is kept:

Postcode:

Has the vehicle been converted, modified or adapted in any way (e.g. engine performance, body styling handling or been kit or custom built)?

Yes No

If YES, please complete a Modified Vehicle Report Form, available at www.islands.insure or from our office.

Mutuality Statement

We are fully committed to the concept of mutuality believing that this is the best way of providing sustainable value for money to our customers.

As a mutual we have no shareholders and do not therefore pay dividends. As a result we have one of the lowest expense ratios in the insurance industry. We are committed to ensuring that the combined benefits of our mutuality and a low expense ratio are passed on to our General Insurance customers via keen prices, wide cover and good service and our Financial Services customers through low charges, quality investment returns and personalised service.

In order that current and future generations of customers continue to enjoy the benefits of mutuality all new policies issued by NFU Mutual contain a windfall assignment clause. Effectively this means that in the unlikely event of demutualisation any windfall payment arising from the policy you are taking out would be paid to NFU Mutual Charitable Trust rather than the policyholder.

Declaration

I/We the undersigned, hereby declare that to the best of my/our knowledge and belief the information given in this proposal and declaration, which I/we have read over and checked, is true and complete and that I/we have not withheld any information material to the application. I/we agree and conform to the terms and conditions of NFU Mutual's policy when issued and I/we undertake to pay the premium when called upon to do so.

In consideration of NFU Mutual accepting my proposal:

1. I/we undertake and agree with NFU Mutual and the NFU Mutual Charitable Trust ("the Trust") to assign, pay or transfer to the trustees of the Trust all and any rights to which I/we may become entitled at any time by reason or in respect of my/our membership of NFU Mutual by reference to the policy proposed for, on, or in connection with, any transfer of part or all of NFU Mutual's business to any other person, firm or company or any change in the corporate status of NFU Mutual or any distribution out of the funds of NFU Mutual other than
 - a) the declaration of any customary annual, reversionary or terminal bonus attaching to a policy of life, annuity or capital redemption assurance or
 - b) any other benefit which the Board of NFU Mutual determines shall not be subject to my/our agreement to assign, pay or transfer;
2. I/we undertake to execute and deliver any transfer, deed and/or other documents together with any certificates of title or valuable consideration received by me/us as NFU Mutual or the Trust shall require in compliance with my/our undertaking and agreement set out above; and
3. I/we hereby irrevocably severally appoint NFU Mutual and the Trust and any officer of NFU Mutual or the Trust to act as my/our agent to execute on my/our behalf any assignment, transfer form, receipt or other document as may be required in order to effect the above assignment, payment or transfer and I/we hereby authorise and approve each and every act or thing which may be done or effected by NFU Mutual, the Trust or any officer of NFU Mutual or the Trust, as the case may be, in exercise of any of its or his powers and/or authorities given by me/us hereunder.

Signature of Proposer: _____

Date: _____

Payment by card

Please debit my **DEBIT / VISA / MASTERCARD** card with £ _____

Card Number

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Card Valid From

MM YY

Card Expiry Date

MM YY

Debit Card: Issue Number

Cardholder's name:

Address

(If different from proposal form):

Authorised Signature: _____

Date: _____

Islands Insurance

ALDERNEY

17 Victoria Street, Alderney GY9 3TA

GUERNSEY

Lancaster Court, Forest Lane, St. Peter Port, Guernsey GY1 1WJ

JERSEY

Kingsgate House, 55 The Esplanade, St. Helier, Jersey JE1 4H

Data Protection Notice

Islands Insurance (us) is the data controller and will process personal information in accordance with the relevant Data Protection Law. By submitting personal information about you (and others), you (and they) consent to it being used for the purposes described in this Data Protection Notice and the Important Information below. Some or all the personal information you supply to us in connection with your insurance may be passed to other companies, in order to administer the policy for underwriting and claims handling purposes. We may pass your personal information to credit reference agencies for the purpose of arranging payments by instalments, and we may tell them about your payment history with us. Your personal information may be passed to suppliers of goods and services, regulatory or other organisations in order to review our services and we may use it to carry out research. It may be necessary to transfer your information to other companies outside the European Economic Area for any of the above purposes and for system administration. We will take steps to ensure that your privacy rights are protected. You should show this Data Protection Notice and Important Information to anyone whose personal information you have submitted to us. If you would like to know what information we hold about you contact the Compliance Officer at the Islands' Insurance office you normally deal with.

Important Information

- 1) It is essential that you disclose accurately all facts which could influence acceptance of this application or the terms to be applied. Under the conditions of your policy you must tell us about any insurance related incidents whether or not they give rise to a claim. If you are in any doubt whether a claim is material you should disclose it. FAILURE TO DO SO MAY INVALIDATE YOUR POLICY. You are not required to disclose convictions regarded as spent under the relevant Rehabilitation of Offenders Law.
- 2) If you insure a UK registered vehicle, your policy details will be added to the Motor Insurance Database (MID) run by the Motor Insurers' Information Centre (MIIC). MID data may be used by the DVLA and DVLNI for the purposes of Electronic Vehicle Licensing and by the Police for the purposes of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or the preventing and detecting of crime. 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 obtain relevant policy information. Persons pursuing a 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 by contacting us or at www.miic.org.uk.
- 3) In order to detect and prevent fraud we may at any time share information about you with other organisations and public bodies including the Police. We may check and/or file your details with fraud prevention agencies and databases and if you give us false or inaccurate information and we suspect fraud we will record this. We may also search these agencies or databases to; • help make decisions about the provision and administration of insurance and credit and related services by you and members of your household; • trace debtors or beneficiaries, recover debt, prevent fraud and to manage your account and insurance policies; • check your identity to prevent money laundering, unless you provide us with satisfactory proof of identity; • undertake credit searches and additional fraud searches.
- 4) The information you provide in connection with a claim may be passed to other insurers, and their agents, to prevent fraudulent claims via the Claims and Underwriting Exchange Register, operated by Database Services Ltd and/or the Motor Insurance Anti-Fraud and Theft Register run by the Association of British Insurers (ABI). We may search the databases we have described when you apply for insurance, in the event of any incident or claim, or at the 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. We can supply, on request, further information about the databases we access and supply to.
- 5) You are advised to keep a record of all information supplied to NFU Mutual for the purpose of this insurance. A copy of the completed application/proposal form sent to us will be supplied on request.
- 6) You consent to accept our standard form of policy. A specimen copy of the policy is available on request.
- 7) As parties to this contract both you and us are entitled to agree which law applies to it. Unless we agree to the contrary, and it is stated in an endorsement, the law which will apply will be the law that covers the part of Great Britain you live in.