

UK/FOREIGN USE REFERRAL FORM

Must be completed in ALL CASES where cover for trips in excess of 30 days (UK) or 60 days (Europe) is required.

Policyholders Name:

Policy Number:

Our Ref:

Renewal Date: DD / MM / YY

Registration number of vehicle (Must be Channel Island registered):

Maximum length of any one trip?

What is the estimated total time the vehicle is going to be out of the island in the policy year?:

How many months is Vehicle in UK/Europe?

UK

Europe

Purpose of trip? e.g. a one off extended holiday/ regular visits to holiday home, university:

Frequency of trip? e.g. every year travels to Portugal for the winter:

Address where vehicle is kept: Is it kept in a locked garage?

Is this address a holiday home? What is the security like – is it in the middle of nowhere or in a town centre?

Main User of the vehicle for the duration of the off island period:

This Section for use by Islands Only

Loading Required: _____

Signature: _____

Date: _____