



## Proposal for Collectors Vehicle Insurance Client No\_\_\_\_\_

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.

Name of Pro	pposer (in full):						
Mr/Mrs/Miss/Ms	S						
Date of Birth	Date	Month	Year				
Postal Address (i	n full)						
Postcode		F-mail:					
		L-maii.					
Telephone Numb	per		Mobile				
Daytime / Work Occupation(s) Al	must be stated		Home Name of Employer				
Occupation(3) All	must be stated		Name of Employer				
	at cover is required? .imit (for Comprehensive)	Comprehensive □ 1500 miles per year	g .				
Current Mileome	er Reading	miles					
Is the driving to b	e restricted to ?	You only □	You and The Drivers Named Overleaf				
<ol> <li>Six colour ph side (1 of wh acceptable. I</li> <li>If your vehicl</li> </ol>	ich must show the regis Digital photos must be o	4 weeks of the date of stration number), enging on photographic paper a £5,000, a Valuation R	this proposal (1 each of front, back, each ne bay and interior). Polaroid photos are no : eport from the relevant Owner's Club,				
Commencement d	ate of cover From: Tir	neam/pm	Date				
Do you have or ha If YES, please giv	ve you previously held a details below)	car insurance policy?	Yes ☐ No ☐				
Name of Insurer _		Policy No	Renewal Date				
Number of Years Free of Claims Please provide proof							

# Particulars of vehicles to be insured

Make of Vehicle	Exact Model	Year of Make	Engine Size	Estimated Value		pe of dy	Registration Number
(circle/complete as a				1/2/;	3 /	_	
-	ails of your main daily vehic						
							•
	vned by and registered in the retails of registered owner)	name of the	Proposer	? Yes		No 🗖	
(e.g. engine perform	n converted, modified or adapt ance, body styling handling or S please complete a Modific	been kit or		orm) Yes	<u> </u>	No 🗆	
Use of the V	ehicle olicy to be extended for weddi	ng use?		Yes	_	No □	
	ATION  nally kept at the above addres  ddress and post code of wh		hicle is ke	Yes <b>pt</b> :		No 🗖	
		Po	stcode:				
Is the vehicle(s) regu (if NO, please indicate	Yes		No 🗖				
	ucted entirely of brick, asbesto		concrete	Yes		No 🗖	
(if NO, please provi	de details of construction b	elow)					
Please indicate the	total value of vehicles kept	in your ga	rage at an	y one time	£		

## **Drivers**

1. Please give the following information in respect of <u>ALL</u> 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/ Full Name Mrs/ Miss/ Ms		Date of Birth	Licence Type (eg. Full or Provisional) and Country of issue	Month & Year Obtained	Occupation
Pro	oposer				
lease send in a hen you come  Have you or h	to our office	ont and back of the lid	cences for all drive	ers or bring t	the licences with yo
a) any disease		ntal disability, loss on or hearing?		Ye	s 🔲 No 🗆
If so, has the	e disability been	declared to the approp	oriate Licensing Aut	hority? Ye	s 🛭 No 🗖
renewal dec	lined, or had any	e, had insurance cance	ditions imposed?	Ye	s 🔲 No 🗆
•	eclared bankrup ts with creditors	t, or been the subject o ?	of bankruptcy proce	edings, court Ye	· · —
you have ticke	d any of the s	haded answer boxes	in 2 then please p	rovide detail	s below
personal injury	v) or had any mo	nd a motoring accident otor claim made agains  3. please complete th	t them in the last fiv		
Name of driver	Date of Incident	Description of incider	nt	Amount paid (total)	Was the driver judged to be at fault Yes / No
Have you or h		l harged with (but not ye	et tried), or received	d a police cau	ition
for any moto	oring offence (ot	her than for a parking	offence)?	Ye	s 🔲 No 🗆
-		charged with (but not yet) e (not related to motor	•	d a police cau Ye	

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

## **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 correct and that I/we have not withheld any information material to the application. I/we agree to accept 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
  - 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 DEBIT / VISA / MASTERCARD

Disease debit and DEDIT (MOA / MACTEDOARD as admitted

Pie	ase de	OIL IIIY	DEBII	i / VIS/	A / IVIA	SIERU	AKD (	card wii	lii Z									
Ca	rd Nur	nber																Γ
Ca	Card Valid From Card Expiry Date				DEBIT CARD :				Security/CV2 Number (3 digits on signature strip)									
Cardho	ardholder's name						_											
Addres	s (if diffe	erent from	m propo	sal form	)													-
Authorised Signature					_ Date:					-								

#### Islands Insurance

ALDERNEY 17 Victoria Street, Alderney GY9 3TA.
GUERNSEYLancaster Court, Forest Lane, St. Peter Port, Guernsey GY1 1WJ
JERSEY Kingsgate House, 55 The Esplanade, St. Helier, Jersey JE1 4HQ

## **Collectors Vehicle Insurance Summary**

Please include the following items with this proposal;

- 1) Six colour photographs taken within 4 weeks (1 each of front, back, each side (1 of which must show the registration number), engine bay and interior). Polaroid photos are not acceptable. Digital photos must be on photographic paper.
- 2) If your vehicle is valued at more than £5,000, a Valuation Report from the relevant Owner's Club, vehicle restorer or independent engineer.

## The Policy Cover

### Comprehensive Cover includes

- Agreed Value (where available). This is the maximum amount payable in the event of a claim for loss or damage to the Insured vehicle
- Accidental Damage, Fire & Theft (subject to policy excess)
- Liability to Third Parties
- Unlimited windscreen and window damage (subject to policy excess)
- Personal Accident Benefits for you and your spouse
- Medical expenses
- Legal Charges Manslaughter or reckless driving causing death
- Towing of trailer or caravan (Third Party Only)
- Club events (excluding speed trails, racing and any track events)

#### The policy covers:

- social domestic and pleasure use by all drivers including commuting to and from a permanent place of business.
- ii) Use for competitions, rallies and trials excluding speed trials, racing or track events.

Annual use for weddings can be included for an additional premium.

#### **Laid Up Cover**

Accidental Damage, Fire & Theft (subject to policy excess and vehicle being kept in locked garage)

#### **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 <a href="https://www.miic.org.uk">www.miic.org.uk</a>.
- 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.