



Reference No:

Kingsgate House
55 Esplanade
St Helier
Jersey JE1 4HQ

T 01534 835383

It is essential that a definite answer be given to each question. Where the answer is printed in *italics* this is the answer you gave to us when we prepared your quotation, please check carefully that they are correct. Please use **BLOCK CAPITALS**. Ticks and Dashes are NOT sufficient. If you have insufficient room, please continue your answers on a separate sheet of paper making reference to the question concerned

Personal Details of Proposer:

Surname of Proposer			
First Names			
Title: (Mr/Mrs/Ms/Miss/Dr etc)			
Country of Birth		Date of Birth	
Address for correspondence:			
		Post Code:	
E Mail Address		Telephone Numbers	
Precise description of all Full and Part-Time (paid and unpaid) Occupations			Home
			Work
How long have you been resident in the Channel Islands and or/the United Kingdom?	Years	Months	Fax
			Mobile
Driving Licence- Is a FULL UK or Channel Island one held?	Yes/No	If No give details:	
Where was Driving Test passed please state country:			
Date when Driving Licence was obtained, if you have retaken driving test for any reason put all dates and reason why			
Vehicle Details	Vehicle One	Vehicle Two	
Make and Model of Car			
Engine Size in cc		cc	
Type of fuel	petrol/diesel/gas		petrol/diesel/gas
Type of transmission	manual/automatic		manual/automatic
Year of Make			
Type of Body (eg saloon, estate, hatchback, van, sport, coupé, cabriolet, people carrier, jeep, caravanette)			
Colour of bodywork			
Number of seats including that of the driver			

Price paid by Purchaser		
	Vehicle One	Vehicle Two
Date Purchased		
Estimated current Market Value of vehicle including cost of all modifications and stereo kits etc.		
Registration Number		
Type of cover required	Comprehensive or Third Party Fire & Theft	Comprehensive or Third Party Fire & Theft
Who is the principal driver of this vehicle?		
Driving restrictions, various options are available depending on the type of vehicle insured. Some attract discounts in premium. Please indicate your requirements for each car.	Insured only driving Insured and Spouse only driving Named and Approved drivers Any authorised driver aged 25 and over Any authorised driver	Insured only driving Insured and Spouse only driving Named and Approved drivers Any authorised driver aged 25 and over Any authorised driver
For what purpose is each vehicle used, please answer yes or no to each? Social Domestic and Pleasure Business of Insured/Spouse & or employers Commercial Travelling Any other not mentioned	Yes/No Yes/No Yes/No Yes/No - If Yes give full details	Yes/No Yes/No Yes/No Yes/No - If Yes give full details
Is a voluntary excess (in addition to any compulsory excess) required for a discount in premium? If so enter amount.	Yes/No Amount £	Yes/No Amount £
Is a No Claims Bonus available for this car? If so enter amount and enclose documentary evidence of bonus for each car i.e. previous Insurer's renewal notice	Yes/No Amount % or Number of years claim free	Yes/No Amount % or Number of years claim free
Is this vehicle manufactured for the United Kingdom and/or European Community market? If not please give full details.	Yes/No	Yes/No
Has the car been altered/modified/changed in any way (including optional extras) from the manufacturer's standard UK design or specification? If it has please give full details. Engine Performance Body work/trim (eg spoilers, body kits) Wheels/suspension/brakes (eg alloy wheels, wide wheels, lowered suspension)	Yes/No Yes/No Yes/No Yes/No	Yes/No Yes/No Yes/No Yes/No
Is your car right hand drive?	Yes/No	Yes/No
Is your vehicle kept in a locked garage at your home address? If not, please state exactly where it is kept. (eg other garage/compound/your driveway/private land/carport/road or elsewhere)	Yes/No	Yes/No

Will the car be kept at another address for more than 30 days in any one insurance year? If yes, please give full details.	Yes/No	Yes/No		
	Vehicle One	Vehicle Two		
How many times a year will the vehicle be taken to:	a) The UK b) Europe	c) The UK d) Europe		
Are you the sole owner of the car and is it registered in your name? If not, please give full details.	Yes/No	Yes/No		
Is the car fitted with an alarm/immobiliser? If yes give make and model	Yes/No	Yes/No		
Is the car fitted with a tracking device? If yes give make and model	Yes/No	Yes/No		
The policy limit for stereo sound systems is £1,000, does the equipment fitted exceed this value. If yes give full description and state value.	Yes/No	Yes/No		
Will this car at any time be driven by a person aged under 25? If yes does he or she own a vehicle that is separately insured	Yes/No Yes/No	Yes/No Yes/No		
How many cars are owned by you or members of your family?				
Individual Driver details other than Proposer:	Driver One	Driver Two	Driver Three	Driver Four
Name				
Age				
Date of Birth				
Sex: male/female				
Relationship to Proposer				
Details of all Full and Part-Time (Paid and Unpaid) Occupations				
How long have they been resident in the Channel Islands or UK?				
How long have they regularly driven a car in the Channel Islands or United Kingdom				
Type of Driving Licence held: (eg Full private car Jersey Licence)				
Where was Driving Test passed please state country:				
Date when Driving Licence was obtained				
Does this driver own their own vehicle				
General Questions re Drivers including the Proposer: Have You or any Person who may drive				
Any physical or mental defect, infirmity, diabetes, or fits of any kind or defective vision or hearing (not corrected by glasses, contact lenses or hearing aids)				
Ever had any special conditions imposed on their driving licence by any relevant authority				
In the past 5 years been charged with any motoring offence or is a prosecution pending?				
Been refused motor insurance, quoted an increased premium or had special terms imposed				

Been convicted of any criminal offence or is any such prosecution pending	
Who was your last Insurer? Please state their name and when your cover with them ceased	Name: _____ Date cover ceased: _____

During the last FIVE years prior to this proposal been involved in any accident or loss in connection with any motor vehicle owned or used by you? If so full details must be provided whether or not you were to blame for the accident						
Date:	Driver:	Location/circumstances:	Fault/Non Fault:	Cost of repairs to your vehicle:	Cost of repairs to other vehicles:	Injuries received by any party:

Important Notes:

- It is important that you should disclose all material facts; that is those facts that would influence an insurer in the acceptance or assessment of your proposal. Failure to disclose such facts may result in claims not being met. If you are in any doubt about whether a fact is material you should disclose it.
- For the purposes of the Data Protection (Jersey) Law 2005 the data controller is M J Touzel Insurance Brokers Limited trading as Islands Insurance. Information you supply will be passed to third parties for the purposes of providing insurance cover and claims handling. Such parties include:
 - Claims and Underwriting Exchange register run by Insurance Database Services Limited, the Motor Insurance Anti-Fraud and Theft Register run by the Association of British Insurers and the Motor Insurer’s Information Centre
 - Underwriters who in order to
 - prevent and detect fraud may at any time share information about you with other organisations and public bodies including the police and
 - establish credit worthiness may undertake credit checks and verification of identity to prevent money laundering.
- Islands Insurance and its agents may use your information to keep you informed by post telephone or email or other means about products and services which may be of interest to you, this could also be used after your policy has lapsed. If you do not wish your information to be used in this way then please write to us at the above address.

Declaration

- I declare that the above statements are true and complete in every respect.
- I declare that no material fact or other information which might increase the risk or influence the granting of insurance by Underwriters has been withheld, misrepresented or suppressed.
- I agree that the vehicle or vehicles to be insured
 - will not be driven by any person who to my knowledge has been refused motor insurance
 - will be kept in a good condition and state of repair
- I agree that if any answer has been written or printed by any other person he/she shall for that purpose be regarded as my agent and not the agent of M J Touzel Insurance Brokers Ltd trading as Islands Insurance or the Underwriters.
- I agree that the statements in this application shall form the basis of the contract between the Underwriters and me and if the risk is accepted I undertake to pay the premium when called upon to do so.
- I understand that if I elect to pay premiums monthly, the liability of Underwriters will cease in the event of non-payment of any monthly premium on its due date.
- I confirm I have read the important notes section above and I understand the policy data may be used as described.

Proposer’s Signature:

Date of proposal:

Commencement of cover required - date (d/m/y):
(Please note cover cannot in any circumstances be back dated)

and - time (24 clock i.e. 19.30):

A specimen copy of the policy wording is available on request.