

You and/or your agent (preparing the proposal form for your signature) must take reasonable care to provide accurate and complete answers to all questions.

It is a criminal offence under the Road Traffic Act 1988 to make a false statement for the purpose of obtaining a Certificate of Motor Insurance.

If you do not take reasonable care and the information provided by you is inaccurate or incomplete then we may take one or more of the following actions:

- Cancel your policy;
- Declare your policy void (treating your policy as if it never existed);
- Change the terms of your policy;
- Refuse to deal with all or part of any claim or reduce the amount of any claim payment.

We may ask you to provide further information and/or documentation to ensure that the information you provided when taking out, making changes to or renewing your policy was accurate and complete.

Please do not assume that we will carry out any searches or contact any other person to check the answers to any questions on this proposal form or any of the information provided in response to the questions. It remains your responsibility to complete the proposal form and check the information within it is accurate and complete.

AXA Insurance UK plc Registered in England No 78950. Registered Office: 5 Old Broad Street, London EC2N 1AD. A member of the AXA Group of Companies

AXA Insurance UK plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Telephone calls may be monitored or recorded.

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**1. Proposer**

Surname  UK Address

Forename(s)

Tel. No.  Mob. No.  *If on Foreign network please include Country Code* Postcode

**2. Cover and Use**

(a) Type of cover  (b) Additional Voluntary Excess Available

(c) If comprehensive cover applies, windscreen cover is unlimited, subject to a £75 Compulsory Excess (d) Period of insurance to commence

(e) Will the vehicle be used:

- solely for social, domestic and pleasure purposes excluding travel between your residence and a permanent place of business.
- solely for social, domestic and pleasure purposes including travel between your residence and a permanent place of business.
- by you or your spouse in connection with you/your spouses business or profession but excluding commercial travelling or soliciting orders.
- on your business, by your employees or other persons but excluding commercial travelling.
- for commercial travelling or soliciting orders.
- in connection with the motor trade

**3. Your Vehicle**

Make and full details of vehicle	Type of body	Year	Cubic Capacity	Value	Registration	Seats	Date of Purchase	Price Paid

(a) Where is the vehicle parked overnight?

(b) What is the Postcode of the address where your vehicle is normally parked overnight?

(c) Is the vehicle left hand drive?

(d) Has the vehicle been changed in any way from the vehicle manufacturer's standard specification?

(e) Do you own the vehicle?

(f) Is the vehicle registered in your name?

(g) Does any other person, other than a Finance Co. have financial interest in the vehicle?

(h) Do you or your spouse own or have access to another vehicle (eg. Company Car)?

(i) Does your vehicle have an alarm or a security device in addition to the manufacturers fitted device?

\*This would include: Changes to the bodywork such as spoilers or body kits, changes to suspension or brakes, cosmetic changes such as alloy wheels or paint, changes affecting performance such as changes to the engine management system or exhaust system and changes to the audio/entertainment system.

Please note that this is not a full list of possible changes. All changes made from the manufacturer's standard specification must be disclosed.

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#### 4. Drivers

- (a) Who will drive?
- (b) Will the vehicle be driven by any person under 25 years of age?
- (c) Give details below in respect of YOURSELF and the additional driver if required

DETAILS	YOURSELF	ADDITIONAL DRIVER 1
Full Name		
Marital Status		
Occupation Inc. Part Time		
Employers Business		
Date of Birth		
Type of Licence held		
How long Licence held		
Does he/she live at the same address		
Relationship to yourself		
Indicate Main User		

#### 4. Drivers - Continued

DETAILS	ADDITIONAL DRIVER 2	ADDITIONAL DRIVER 3
Full Name		
Marital Status		
Occupation Inc. Part Time		
Employers Business		
Date of Birth		
Type of Licence held		
How long Licence held		
Does he/she live at the same address		
Relationship to yourself		
Indicate Main User		

#### 5. Driving Record and Claims History

Have you, your spouse, or any other person who will drive:

- (a) Lost an eye, limb or part of a limb, defective vision or hearing, suffered or suffer any physical or mental infirmity? (eg. epilepsy, diabetes or any heart complaint etc.)
- (b) Been registered as a disabled person?
- (c) Been issued with a disabled drivers badge?
- (d) In the last 5 years, had any motoring convictions, driving licence endorsements or fixed penalties or have any pending prosecutions for any motoring offence?
- (e) Been disqualified from driving or obtaining a driving licence?
- (f) 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?
- (g) Had or caused any accidents, claims or damage involving any motor vehicle (including car, motorcycle or van) in the past 5 years, whether or not a claim was made and regardless of blame?

#### 6. Previous Insurance, No Claims Discount and No Claims Discount Protection

- (a) How many years No Claims Bonus are you claiming?
- (b) Is your last renewal notice attached as evidence?
- (c) If eligible do you require NO Claims Bonus Protection?
- (d) Please provide the name of your previous insurer, policy number and expiry date.

Previous Insurer:	Policy No.	Expiry Date:
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<b>Disabilities</b>	<b>Proposer</b>	<b>Additional Driver 1</b>	<b>Additional Driver 2</b>	<b>Additional Driver 3</b>
Diabetes Date Since Date Stable History of Attacks? Controlled by?				
Sight Loss Percentage Right Eye Percentage Left Eye Disease Related? Date Since				
Hearing Loss Percentage Right Ear Percentage Left Ear Disease Related? Date Since				
Limb Loss Leg Loss Disease Related? Date Since?  Arm Loss Disease Related? Date Since				
Infirmity 1 Date Since Date Stable				
Infirmity 2 Date Since Date Stable				
Infirmity 3 Date Since Date Stable				
Renewal Period				
Automatics Only?				
Wheel Knob?				
Hand Controls?				
Registered Disabled?				
Disabled Badge Holder?				

**Convictions**

<b>Conviction No.</b>	<b>Driver</b>	<b>Code</b>	<b>Conviction Date</b>	<b>Months Suspended</b>	<b>Points</b>	<b>Fine</b>

**Accidents**

<b>Accident No.</b>	<b>Driver</b>	<b>Type</b>	<b>Date</b>	<b>At Fault</b>	<b>Own Loss</b>	<b>T.P. Loss</b>	<b>Personal Injury</b>

Proposer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## DECLARATION

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search these registers. Under the conditions of your policy, you must tell us about any incident such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident, we will pass information relating to the registers.

Information relating to your insurance policy will be added to the Motor Insurance Database (MID) managed by the Motor Insurers' Bureau (MIB). MID and the data stored on it may be used by certain statutory and/or authorised bodies including the police, the DVLA, DVANI, the Insurance Fraud Bureau and other bodies permitted by law for purposes not limited to but including:

- i. Electronic Licensing;
- ii. Continuous Insurance Enforcement;
- iii. Law enforcement (prevention, detection, apprehension and/of prosecution of offenders);
- iv. The provision of government services and/or other services aimed at reducing the level and incidence of uninsured driving.

If you are involved in a road traffic accident (either in the UK, the EEA or certain other territories), insurers and/or the MIB may search the MID to obtain relevant information. Persons (including his or her appointed representatives) 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. It is vital the MID holds your correct registration number. If it is incorrectly shown on the MID you are at risk of having your vehicle seized by the police. You can check that your correct registration number details are shown on the MID at [www.askrnid.com](http://www.askrnid.com)

You should show this notice to anyone insured to drive the vehicle covered under this policy.

### Data Protection Notice:

AXA Insurance UK plc is part of the AXA Group of Companies which takes your privacy very seriously. For details of how we use the personal information we collect from you and your rights please view our privacy policy at [www.axa.co.uk/privacy-policy](http://www.axa.co.uk/privacy-policy). If you do not have access to the internet please contact us and we will send you a printed copy.

I declare that I have taken reasonable care to provide accurate and complete answers to all questions asked.

I understand that I must notify the agent or AXA as soon as reasonably possible if any of the information in this proposal form is inaccurate or incomplete.

I understand that if any of the information provided is inaccurate or incomplete then AXA may take one or more of the following actions:

- Cancel your policy;
- Declare your policy void (treating your policy as if it never existed);
- Change the terms of your policy;
- Refuse to deal with all or part of any claim or reduce the amount of any claim payments.

I agree to you passing the information on this form, and about any incident I may give details of, to IDS Ltd or its agents and to the ABI so that they can make such information available to other insurers.

I also understand that, in response to any searches you may make in connection with this application or any incident I have given details of, IDS Ltd or its agents and the ABI may pass you information it has received from other insurers about other incidents involving anyone insured to drive the vehicle covered under the policy.

Proposer's Signature

Date

**Completing this form.** It is important that you are satisfied that this policy fully meets your requirements. So we would ask you to ensure that you have read any fully understood all sections of this form before you complete and sign the proposal. If you are in any doubt please consult your insurance agent. A specimen policy is available on request. Please note the following points:

1. No cover is in force under this policy until we or our authorised agents have issued a valid cover note or certificate of insurance.
2. It is highly recommended that you keep a record (including copies of letters) of all information supplied to us.
3. We reserve the right to decline a proposal, or to quote special terms.

You and we can choose the law applicable to this policy. We propose that the Law of England and Wales apply. Unless you and we have agreed otherwise, the Law of England and Wales will apply to this policy.