

Rally Drivers Scheme Third Party Only Motor Insurance

ENSIGN

MOTOR POLICIES AT LLOYDS

DATE OF EVENT FOR WHICH COVER IS FIRST REQUIRED 12th/13th July 2003

IT IS ESSENTIAL THAT A DEFINITE ANSWER BE GIVEN TO ALL QUESTIONS

To be fully completed and returned to: Marsh Sports Group, Mount Pleasant House,
Lonsdale Gardens, Tunbridge Wells, Kent TN1 1NY

FOR UNDERWRITING USE ONLY	NOTES.	N.E.S. NO.
NORMAL RATES		

NAME OF ORGANISING CLUB BEVERLEY & DISTRICT MOTOR CLUB LIMITED
(PLEASE PRINT IN BLOCK CAPITALS)

YOU SHOULD DISCLOSE ALL FACTS LIKELY TO INFLUENCE THE ACCEPTANCE AND ASSESSMENT OF THIS PROPOSAL. IF YOU FAIL TO DO SO, YOUR INSURANCE MAY EITHER NOT OPERATE OR NOT OPERATE FULLY. IF YOU HAVE ANY DOUBTS ABOUT WHAT YOU SHOULD DISCLOSE, PLEASE CONTACT MARSH SPORTS GROUP. (Telephone 01892 553160, Facsimile 01892 553161)

IMPORTANT

1. This Proposal should be returned to the Club organising the event for which cover is first required, unless otherwise agreed
2. Dashes and Blanks are not acceptable. If any questions are not fully answered, the proposal will not be accepted.
3. All letters of acceptance prefixed N.E.S. are valid for 3 years from date of issue.

MAKE,, MODEL & CAPACITY	MODIFICATIONS FROM STANDARD	YEAR OF MANUFACTURE	REGISTRATION

Surname: Mr/Mrs/Miss _____ First Names: _____

Home Address: _____

_____ POST CODE _____ Age: _____

Please provide a daytime telephone number in case we need to contact you: _____

Occupation: _____

Please provide the date of issue of your full British Driving licence _____
(If less than six months, cover will not be granted)

Have you ever been convicted of any offence in connection with a motor vehicle, or is any prosecution pending? **YES/NO**
If **YES**, please state full details (e.g. date of offence, type of offence, sentence and circumstances leading to the charge):

Have you been involved in any accident(s) (normal motoring and Rallies) during the last three years? **YES/NO**
If **YES**, please state full circumstances and the cost of damage:

State approximate mileage driven by you in the last year: _____

Do you suffer from:	(i) defective vision or hearing?	YES/NO
	(ii) diabetes, fits or any complaint of the heart (now or within the last five years)?	YES/NO
	(iii) any other physical or mental disability?	YES/NO

If **YES** to any of the above, please supply full details:

DECLARATION

I declare that the above statements and particulars are true and complete to the best of my knowledge and belief and that no material facts have been withheld, misrepresented, or mis-stated. I agree that this Proposal shall form the basis of the contract between me and ENSIGN MOTOR POLICIES AT LLOYDS. I undertake to notify ENSIGN MOTOR POLICIES AT LLOYDS of any material fact or change affecting the continuance of the Insurance and I am willing to accept an Insurance subject to the terms, exceptions and conditions usually contained therein

SIGNATURE OF PROPOSER _____

DATE _____

THE UNDERWRITERS RESERVE THE RIGHT TO CHARGE HIGHER PREMIUMS, IMPOSE TERMS OR TO DECLINE ANY PROPOSAL SUBMITTED.
Ensign Motor Policies at Lloyds, 98-102 Ley Street, Ilford, Essex IG1 4BY