



# MOTORCARAVAN INSURANCE PROPOSAL FORM

## Exclusive to the Motorcaravan Club of Ireland



Administered by Ornella Underwriting Limited and underwritten by Accelerant Insurance Europe SA

Please note that failure to disclose all of the information we ask for may result in you being quoted the wrong terms, a claim being rejected or reduced, the policy being cancelled or declared invalid. If this happens you may find it difficult to purchase insurance elsewhere, and you may be in breach of conditions applying to a loan secured on your vehicle. Any The questions which follow must be answered fully and truthfully. The policy you are buying contains conditions and exclusions to cover. These can be found in writing on our website at [www.ornellaunderwriting.ie/documentcentre/documents/personal/campervan](http://www.ornellaunderwriting.ie/documentcentre/documents/personal/campervan). The cover provided is Comprehensive with a €250 excess.

### PROPOSER'S DETAILS

Your name

Your address

Eircode  Your Email address  Phone No.  Cover to start from

Do you wish to upgrade the standard maximum windscreen cover from €400 per year to €2000 per year at an additional premium? Yes  No

Do you require optional Breakdown Assistance cover at an extra premium? Yes  No

Please state the number of years you have had a Campervan insurance policy in your own name without any accident or claim.

If none, and this is your first Campervan insurance in the last 2 years, please state the number of years you have had a car or van insurance in your own name without any accident or claim.

If none, and this is your first insurance policy, please state the number of years you have been a named driver on a car or van insurance in another person's name, without any accident or claim.

Are you resident in Ireland at the address above? Yes  No

*You will be asked to provide proof of this experience*

### MOTORCARAVAN DETAILS

Registration	Make & Model	Engine CC	Gross Weight Kgs	Year	Date purchased	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Are you the owner of this Campervan? Yes  No
- Is this Campervan registered in Your name? Yes  No
- Was this Campervan originally manufactured as a Campervan? Yes  No
- Do you or your spouse own any other car or van that you use for social domestic and pleasure purposes? Yes  No
- Is this Campervan lived in by anyone? Yes  No

If you answered "yes" to question 4 please state: The Insurer:  The Policy number:  The expiry date:

6. Will this Campervan sometimes be used to draw a trailer? Yes  No  If yes, Please state the trailer's gross weight in kgs

### DRIVERS DETAILS

Driver's name	Date of birth	Occupation	Licence type & country of issue	Licence Classes	Licence number	Date driving test passed
The Proposer	<input type="text" value="DD / MM / YY"/>	<input type="text"/>	Full/Learner & country of issue	B(E)/B96/C(E)/C1(E)	<input type="text"/>	<input type="text" value="DD / MM / YY"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please think carefully about the answers to the following questions and the additional detail required. Failure to answer them properly and fully is the most common cause of claims being denied and policies cancelled and will be considered a negligent or fraudulent non-disclosure.

- Have you or any other driver listed above been responsible for any accident in any motor vehicle whether or not a claim was made on any insurance policy, in the last 5 years? Yes  No  *Further details will be required on the next page if you have answered "yes" to any of these questions.*
- Have you held any other motor insurance policy in your name with a claim recorded on it in the last 5 years regardless of who was driving? Yes  No

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**MOTORCARAVAN PROPOSAL FORM CONTINUED**

9. Apart from offences that are spent\* (see below) have you or any other driver listed above been convicted of any motoring offence in the last ten years? Yes  No
10. Have you or any other driver listed above received any penalty points that have not expired yet? Yes  No
11. Apart from offences that are spent\* (see below) have you or any other driver listed above been convicted of any other non-motoring offence in the last twenty years? Yes  No
12. Are you or any other driver listed above currently being prosecuted or have a conviction under appeal for any motoring or non-motoring offence? Yes  No
13. Do you or any other driver listed above suffer from any physical or mental condition that must be notified to the NDLS when applying for a driving licence? Yes  No
14. Apart from actions following a payment default, has any insurer ever cancelled or refused to renew a policy of motor insurance held by you? Yes  No

*Further details will be required below if you have answered "yes" to either of these questions*

*\*You do not need to mention convictions that are spent under the provisions of the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016*

**ADDITIONAL DETAILS**

Complete the appropriate part of this section if you answered "yes" to any of questions 5 to 10 above. The warnings on the previous page about failing to answer these fully and truthfully also apply to this section.

Questions 7 & 8 Accidents	Date of incident	Has it been settled?	Amount paid €	Type of claim	On a camper policy
	DD / MM / YY	Yes <input type="radio"/> No <input type="radio"/>		e.g. Theft, Accident, Windscreen	Yes <input type="radio"/> No <input type="radio"/>
DD / MM / YY	Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>	

  

Questions 9 to 12 Offences	Date of offence	Offence	Pen. points	Other sanction
	DD / MM / YY			e.g. Driving Ban months, Fine €, Sentence
	DD / MM / YY			e.g. Driving Ban months, Fine €, Sentence
DD / MM / YY				e.g. Driving Ban months, Fine €, Sentence

  

Question 13 Medical	Condition	NDLS notified?	Any licence restrictions
		Yes <input type="radio"/> No <input type="radio"/>	e.g. automatic vehicles only

  

Question 14 Cancellation	Year	Reason	Insurer

**USE**

- Do you own, or are you covered to drive, a car or van owned by a partner or family member and kept at the address above? Yes  No
- Will this camper be used for purposes other than recreation? Yes  No

**DECLARATION & NOTICE**

I declare to the best of my knowledge and belief that the information given on all pages of this form is true in every respect. I declare that if anything on this form was written by another person, he or she acted as my agent for this purpose. I agree that this proposal, declaration and other information provided in connection with this proposal is the basis of the contract between me and the Insurer.

Ornella Underwriting Limited will administer your policy for which we will receive a commission from the insurer and a fee which is included in any premium you have been quoted. Details are available on our website.

Signature:

Signature must be provided here

Date:

DD / MM / YYYY

## DATA PROTECTION

How we collect and use personal data you provide is contained in our Privacy Notice. A copy of the Ornella Underwriting Limited Privacy Notice can be viewed on our website.

<https://www.ornellaunderwriting.ie/privacy-notice>. You can also scan the QR code below.

If you require a hardcopy of our Privacy Notice, please email [customerservices@ornellaunderwriting.ie](mailto:customerservices@ornellaunderwriting.ie) or write to the Data Protection Officer at Ornella Underwriting Limited, The Bushels, Cornmarket, Wexford, Y35 HYE0

