

SENTINEL INSURANCE SOLUTIONS

INSURANCE PROPOSAL FORM for HIRERS and ADDITIONAL DRIVERS

Please complete the Proposal form in Block Letters.

FULL NAME _____

RENTAL AGREEMENT NO _____ HIRERS NAME _____

Date of Birth
Permanent Address:
Telephone Number:
Contact Address:
Telephone Number:
Occupation:
Driving Licence Details
Licence Number:
Issuing Authority:
Expiry Date:
Number of years full licence held:
Date of Test if within the last 2 years:
Secondary Identification:

<p>Have you had a proposal declined, a policy cancelled or renewal refused or been required to pay an increased premium or had any special conditions imposed by any motor insurer?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, please give complete details:</p>								
<p>Have you been convicted of any motoring offence during the past five years, or had your licence suspended during the past ten years, or is any prosecution pending?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, please give complete details:</p>								
<p>Have you had any accidents and/or claims in the past 36 calendar months?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, please complete details below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="padding: 5px;">No. of claims</th> <th style="padding: 5px;">Amount own Damage</th> <th style="padding: 5px;">Third Party</th> <th style="padding: 5px;">Outstanding Claim</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	No. of claims	Amount own Damage	Third Party	Outstanding Claim				
No. of claims	Amount own Damage	Third Party	Outstanding Claim					
<p>Have you any physical or mental disability or infirmity or suffered from diabetes, fits or any heart complaint?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, please give complete details:</p>								

DECLARATION

I declare that the information given above is to the best of my knowledge and belief correct and complete in every detail and this declaration shall together with the Rental Agreement form the basis of the contract.

Signature.....

If signing on behalf of a company or firm, please state position held.

Position in Company.....

Date.....

VERY IMPORTANT

You are reminded of the need to disclose any facts which the Insurer would take into account in the assessment and acceptance of this form.

Failure to disclose all relevant facts may invalidate this insurance or may result in the policy not operating fully. It is an offence under the Road Traffic Acts to make any false statement or withhold any material information for the purpose of obtaining a certificate of motor insurance.

