**Professional Sports Motor Insurance Proposal Form**

By completing this form accurately, in as much detail as possible, BBi can produce a quote for you. If you do not know all the answers, please do not worry, we can give you a call and walk your through it. Contact us at: **Enquiries@BernsBrett.com**

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| **Applicant**  |
| **Date:** | Enter Date | **Date Cover** **Required:** | Enter Date |
| **Name:** | Enter Full Name  | **Occupation:** | Enter Occupation |
| **Date of Birth:** | Enter Date of Birth  | **Phone Number:** | Enter Phone Number |
| **Address:** | Enter Full Address including Post Code |

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| **Basic Motor Details**  |
|  | **Yes or No** |
| **Any person to be insured had insurance declined, refused, cancelled or special terms imposed on a contract?** | Enter Answer |
| **Any person to be insured been convicted of any offence?** | Enter Answer |
| **Any person to be insured ever entered into any arrangements with creditors or been declared bankrupt?** | Enter Answer |
| **Have you previously been insured through Berns Brett?** | Enter Answer |
| If you have entered **YES** to any shaded boxes, please supply additional information below or on a separate sheet. |
| Enter Additional Information |
| **Number of Vehicles in household:** | Enter Number |

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| **Vehicle Details** (insurers use Car Data Check – please provide the vehicle registration numbers where possible) |

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|  | **Vehicle 1** | **Vehicle 2** | **Vehicle 3** | **Vehicle 4** |
| **Registered Owner & Keeper** | Enter Owner / Keeper | Enter Owner / Keeper | Enter Owner / Keeper | Enter Owner / Keeper |
| **Registration number** | Enter Number | Enter Number | Enter Number | Enter Number |
| **Manufacturer** | Enter Manufacturer | Enter Manufacturer | Enter Manufacturer | Enter Manufacturer |
| **Exact model** (e.g. LX)\* | Enter Model | Enter Model | Enter Model | Enter Model |
| **Engine Size** (CC or GVW if commercial) | Enter Engine Size | Enter Engine Size | Enter Engine Size | Enter Engine Size |
| **Date of manufacture** | Enter Date | Enter Date | Enter Date | Enter Date |
| **Date of purchase** | Enter Purchase | Enter Purchase | Enter Purchase | Enter Purchase |
| **Any modifications**  (YES or NO) | Enter Answer | Enter Answer | Enter Answer | Enter Answer |
|  If **YES,** what type | Enter Type | Enter Type | Enter Type | Enter Type |
| **Type of body** | Enter Type | Enter Type | Enter Type | Enter Type |
| **Value** | Enter Value | Enter Value | Enter Value | Enter Value |

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| **Vehicle Details (CONT…)** (insurers use Car Data Check – please provide the vehicle registration numbers where possible) |

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|  | **Vehicle 1** | **Vehicle 2** | **Vehicle 3** | **Vehicle 4** |
| **Security devices** | Enter Devices | Enter Devices | Enter Devices | Enter Devices |
| **Where kept overnight?** (Garage / Drive / Road?) | Enter Destination | Enter Destination | Enter Destination | Enter Destination |
| **Postcode where kept overnight?** | Enter Postcode | Enter Postcode | Enter Postcode | Enter Postcode |
| **Annual mileage** | Enter Mileage | Enter Mileage | Enter Mileage | Enter Mileage |
| **Drivers required** | Enter Drivers | Enter Drivers | Enter Drivers | Enter Drivers |
| **Main user** | Enter Main User | Enter Main User | Enter Main User | Enter Main User |
| **Class of use** | Enter Class of Use | Enter Class of Use | Enter Class of Use | Enter Class of Use |
| **Excess required** | Enter Excess Value | Enter Excess Value | Enter Excess Value | Enter Excess Value |
| **No. years No Claims Discount** | Enter Years | Enter Years | Enter Years | Enter Years |
| **List of vehicles driven in the past 5 years:** | Enter Vehicles |

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| **Driver Details** |

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|  | **Driver 1** | **Driver 2** | **Driver 3** | **Driver 4** |
| **Name** | Enter Full Name | Enter Full Name | Enter Full Name | Enter Full Name |
| **Date of Birth** | Enter DoB | Enter DoB | Enter DoB | Enter DoB |
| **Occupation / business**  | Enter Occupation | Enter Occupation | Enter Occupation | Enter Occupation |
| **Type of license** (Full UK / Prov UK / Full EC) | Enter Type | Enter Type | Enter Type | Enter Type |
| **Any previous licenses held within last 5 years?** | Enter Licenses | Enter Licenses | Enter Licenses | Enter Licenses |
| **Relationship to client** | Enter Relationship | Enter Relationship | Enter Relationship | Enter Relationship |
| **Years resident in the UK** | Enter Years | Enter Years | Enter Years | Enter Years |
| **Medical conditions**  (that warrant disclosure to the DVLA) | Enter Conditions | Enter Conditions | Enter Conditions | Enter Conditions |
| **Do they reside at the main address?** **(YES** or **NO)** | Enter Yes or No | Enter Yes or No | Enter Yes or No | Enter Yes or No |

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| **Accidents / Claims**  (Any loss – whether claimed or not – during the last 5 years for all drivers) |

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| **Driver** | **Date of Loss** | **Damage Costs** | **PI Costs** | **Claim Details – desc.** | **Loss of NCD** |
| Enter Full Name | Enter Date | Enter Value | Enter Value | Enter Information | Enter Yes or No |
| Enter Full Name | Enter Date | Enter Value | Enter Value | Enter Information | Enter Yes or No |
| Enter Full Name | Enter Date | Enter Value | Enter Value | Enter Information | Enter Yes or No |

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| **Convictions** (Any convictions during the last 5 years for all drivers) |

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| **Driver** | **Date of Conviction** | **Conviction Code** | **Penalty points & fine Claim details – desc. Loss of NCD** |
| Enter Full Name | Enter Date | Enter Code | Enter Information |
| Enter Full Name | Enter Date | Enter Code | Enter Information |
| Enter Full Name | Enter Date | Enter Code | Enter Information |

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| **Additional Notes**(Please use this section to provide full details of any unusual risks the DO NOT form part of the above questions) |
| Enter Additional Information |

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| **Confirmation**  |
| **Signature:** | Sign Here | **Date:** | Enter Date |

**Please check box to confirm this is your signature** [ ]