



**INSURANCE
FOR
CLASSIC CARS
(PHYSICAL DAMAGE ONLY)**

PROPOSAL



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DECLARATION

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to avoid this insurance.

(A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it.)

By signing this Classic Cars Proposal Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made herein and the information provided in connection with it will be relied upon by the underwriters in deciding whether to accept this insurance.

[Signature box]

[Date box]

Signature of proposer

Date

You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.

You must inform us of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your insurance agent.

Broker to attach appropriate LSW 1002 sticker

(iv) ever been convicted of arson or any offence involving dishonesty Yes No

If Yes, please give details:

Continue on a separate sheet if necessary

8. LOSSES

Have any of the named drivers during the past 5 years had any accident, loss or damage involving a vehicle? Yes No

If Yes, for each incident give the approximate date, brief circumstances and amount:

Date	Circumstances	Amount

9. PREVIOUS INSURANCE

(a) Name of previous insurers and brokers

(b) Expiry date of previous policy

(c) Has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for you or any other person to whom this insurance would apply? Yes No

If Yes, please give details:

Continue on a separate sheet if necessary

10. OTHER INFORMATION

Are there any other factors affecting this insurance of which you are aware? Yes No

If Yes, please give details:

Continue on a separate sheet if necessary

Before any question is answered read carefully the declaration at the end of this proposal which you are required to sign. Answer all questions in full. Tick Yes/No boxes.

This proposal is only for physical damage insurance which will not cover your legal liability to others.

1. PROPOSER

(Mr/Mrs/Miss) Surname First names
 Other (please state)

Address (for correspondence):

Post Code:

2. LOCATION OF VEHICLES TO BE INSURED

Address (if different to the above):

Post Code

Are the insured vehicles kept in buildings:

(a) built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair? Yes No
 (b) occupied solely by you? Yes No

If No, please give details:

Continue on a separate sheet if necessary

3. PROTECTION

(a) Is a burglar alarm fitted to the buildings? Yes No

If Yes:

(i) is it connected to a police and/or central station? Yes No
 (ii) are movement detectors installed? Yes No
 (iii) is there a maintenance contract? Yes No
 (iv) does it protect all areas containing the insured vehicles? Yes No

(b) State types of locks on all external doors (e.g. five lever mortice deadlock, etc.)

(c) State types of locks on all windows and skylights (e.g. screw or key operated)

(d) Give details of all other security protection for the vehicles or buildings:

- (i) car alarms Yes No
- (ii) immobilisers Yes No
- (iii) other

(e) Are there:

- (i) fire extinguishers Yes No
- (ii) fire alarms Yes No
- (iii) smoke detectors Yes No
- (iv) sprinklers Yes No
- (v) other fire protections

4. VEHICLES TO BE INSURED

An independent professional valuation/appraisal may be required and should be forwarded with this proposal if available.

	Make	Model & Year	Chassis Number	Current Mileage	Value
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
TOTAL					

Continue on a separate sheet if necessary

5. OWNERSHIP

Are any of the vehicles:

- (a) leased, or subject to a loan, rental or hire purchase agreement or other encumbrance? Yes No
- (b) the property of or registered in the name of any person other than you? Yes No

If Yes, please give details:

Continue on a separate sheet if necessary

6. COVER

	Vehicles as numbered in question 4	Deductible each and every loss	Territorial limits		Maximum mileage per vehicle
			Within country	World wide	
At the named location only					
At or away from the named location (excluding under own power)					
Under own power					

7. NAMED DRIVERS

(a) Give the following information about ANY PERSON including yourself who may drive the vehicle(s), giving the main user first:

Full Name	Occupation	Age	Period full licence held

(b) Have any of the named drivers:

- (i) any physical disability, diabetes, epilepsy or cardiac condition? Yes No
- (ii) during the past 5 years been subject to a driving disqualification or been convicted during that period of any offence in connection with any vehicle, or is any prosecution pending? Yes No
- (iii) during the past 10 years been subject to a drink driving disqualification or conviction, or is any prosecution pending? Yes No