



Flexi Special Types Proposal Form

Important Information

Please read the following carefully before you complete, sign and date this form:

The answers you have given to these questions will usually provide us with sufficient information to enable us to consider this proposal, however, because no list of questions can be exhaustive, please consider carefully whether there are any other material facts known to you which could influence our acceptance and assessment of the risk

Material information is any fact that we would regard as likely to influence our acceptance or assessment of your proposal, for example your medical details or history and previous claims if you are in any doubt whether information is material you should disclose it.

Please note that the consequences of failure to make full disclosure of relevant facts and all material information, or disclosures of false or misleading information could result in one or more of the following actions:

- Your policy being cancelled
- Your policy being treated as null and void
- A claim not being paid
- Claims already being paid being recovered from you
- You becoming liable for additional premiums which we reserve the right to collect
- Terms and conditions of the policy being amended
- You could face prosecution

Should any of these actions be taken, you will be obliged to disclose this on any further request for cover, which may cause you difficulty in trying to purchase insurance elsewhere.

Basis of claims settling

- The maximum payment for any loss or damage to an Insured vehicle will be the market value of your vehicle immediately preceding the incident but will not exceed any value declared to us prior to the loss

You should also keep your own record (Including copies) of all information supplied to us in arranging the Insurance, a copy of this Proposal Form is available on written request

1 Personal Details

Full Name and/or trading name		Date of Birth	
Address			
Address where the vehicle(s) will be stored when not in full-time use		Number of Years Trading	
Occupation (Please state a full description of the type of work you will carry out)			
Policyholder Type Company Status			
Vat Registered	Yes <input type="checkbox"/> No <input type="checkbox"/>	Vat Number	

2 About Your Vehicle

Vehicle Type	Make	Model	Registration Number / Serial Number	Value	Year of Make	Claims Free Years
				€		
				€		
				€		
				€		
				€		
				€		
				€		
				€		
				€		
				€		
				€		
				€		
				€		
				€		



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Please answer all of the following questions Yes or No (if not applicable please tick No)		Yes	No
(a)	Are any of the above vehicles financed, leased or on hire purchase agreements? If the answer is "Yes" please provide details:	<input type="checkbox"/>	<input type="checkbox"/>
(b)	Have any of the above vehicles been fitted with any anti-theft or tracking devices? If the answer is "Yes" please provide details:	<input type="checkbox"/>	<input type="checkbox"/>

3 Driving Experience / Insurance History

Please answer all of the following questions Yes or No (if not applicable please tick No)		Yes	No
(a)	Do you hold, or have you ever held motor insurance on a Special Types Vehicle in your own name or a company name? If the answer is "Yes" please provide details:	<input type="checkbox"/>	<input type="checkbox"/>
(b)	Do you hold or have you held insurance (other than motor) on a Special Types Vehicle? If the answer is "Yes" please provide details:	<input type="checkbox"/>	<input type="checkbox"/>

4 Who Will Drive

Open Driving 17 / 70 with a Full or Provisional Appropriate License and Construction Skills Certification Scheme card if required by Law

Please specify any Driver outside of the Open Driving Restrictions below

Full Name	Date of Birth	Occupation	License Type	Main Driver
			IRE <input type="checkbox"/> UK <input type="checkbox"/> EU <input type="checkbox"/> NON EU <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			IRE <input type="checkbox"/> UK <input type="checkbox"/> EU <input type="checkbox"/> NON EU <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			IRE <input type="checkbox"/> UK <input type="checkbox"/> EU <input type="checkbox"/> NON EU <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			IRE <input type="checkbox"/> UK <input type="checkbox"/> EU <input type="checkbox"/> NON EU <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

5 Additional Items

***** Please complete this section if there are additional items e.g. attachments to vehicles / trailers to be covered *****

[illegible]



6 Claims					
***** Please detail any claims or any incident that may potentially result in a claim being made *****					
Date of Loss or Incident	Description of the loss or incident, give full details	Driver involved in the loss or incident	Settlement Amount	Outstanding Amount	
7 General Questions					
Please answer all of the following questions Yes or No (if not applicable please mark N/A)				Yes	No
Have you or any person who to your knowledge will ever drive?					
a) EVER had an insurance policy cancelled or refused or had special terms imposed? If Yes , give details:				<input type="checkbox"/>	<input type="checkbox"/>
b) Subject to spent convictions described below, EVER been					
i. convicted of any offence (including but not limited to motoring offences), in any court?				<input type="checkbox"/>	<input type="checkbox"/>
ii. disqualified from driving or had a driving licence suspended or revoked?				<input type="checkbox"/>	<input type="checkbox"/>
c) within the past 7 years, been warned verbally or in writing of any possible pending prosecution?				<input type="checkbox"/>	<input type="checkbox"/>
Spent convictions are convictions that are spent according to the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016. You do not need to tell us about a conviction if the convicted person:					
<ul style="list-style-type: none"> Was an adult (18 years of age or more) when they committed the offence; and Was convicted more than 7 years ago, in either; <ul style="list-style-type: none"> the District Court, or another Court lower than the Central Criminal Court, if the sentence for the offence was either a custodial sentence of 12 months or less (whether partially suspended or not), or a wholly suspended sentence of 24 months or less; and Has only one conviction meeting these conditions, except for <ul style="list-style-type: none"> Motoring offences, (but not Dangerous Driving under Section 53 of the Road Traffic Act 1961) Public Order Offence convictions Possession of Alcohol convictions 					
Have you or any of your directors or partners or any person who will drive ever been involved in an accident, claim or loss (including fire, theft and windscreen claim) whether to blame or not during the last five (5) years in connection with any special types vehicle? If yes please complete section 6 above under "Claims details"				<input type="checkbox"/>	<input type="checkbox"/>
Have you or any or your directors or partners or any person that will drive ever suffered or currently suffer from diabetes, epilepsy, heart disorder, vision/hearing, loss of any limb or any mental / physical infirmity? If yes please advise details below:				<input type="checkbox"/>	<input type="checkbox"/>
Do you the Insured keep copies of all drivers licenses front and back and vet each one to make sure that the above assumptions are adhered to? If no please advise details below:				<input type="checkbox"/>	<input type="checkbox"/>
Have you advised your broker of any modifications made to the vehicle / item listed above? If no please advise details below:				<input type="checkbox"/>	<input type="checkbox"/>



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Do you hire or use any vehicle or item of plant out to do work in relation to any recycling risks? If yes please advise details below:	<input type="checkbox"/>	<input type="checkbox"/>
Are all items of mobile plant driven by the insured or a direct employee of the insured? If no please advise details below:	<input type="checkbox"/>	<input type="checkbox"/>
Have you the Insured notified your Insurance Broker if any of the vehicles mentioned above are laid-up on a permanent basis, If yes the Insurance Certificate and Motor disc must be returned? If no please advise details below:	<input type="checkbox"/>	<input type="checkbox"/>
Are you the sole owner of the above Vehicles / Item noted above (excluding vehicles financed, leased or on hire purchase agreements)? If no please advise details below:	<input type="checkbox"/>	<input type="checkbox"/>

8 Consent

By providing us with your information you consent to all of your information being used, processed, disclosed and retained as set out in the Patrona Underwriting Limited Data Protection Notices, the notices will give full detail and can be found on page 4&5

9 Total Loss Claims

I/We agree that in the event of a vehicle being the subject of a total loss claim the balance of any unpaid premiums becomes due for payment before settlement is made and that the Insurance Company may deduct those unpaid premiums from settlement monies.

10 Insurance Is Required From

Date:		Time:	
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11 Declaration

I/We declare that the above information is true and accurate to the best of my knowledge and belief, I/We understand that the proposal form shall be the basis of the contract between me/us and the Insurer AXA Insurance dac

Date:		Signature of Proposer:	
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If the proposer is a Company, please print the name and status of the signatory:

Gap in Cover Declaration (if applicable):

I/We declare that since the expiry of my/our last Special Types Insurance policy dated _____, there have been no accidents / incidents which may give rise to a claim or have any pending prosecutions or convictions other than declared above.

Date:		Signature of Proposer:	
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Patrona Underwriting Limited Data Protection Notice



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DATA PROTECTION STATEMENT

- Patrona Underwriting Limited and the Insurers for whom we act will hold personal data you provide in accordance with all current and applicable data protection laws and principles.
- Personal Data means data relating to a living individual who is or can be identified either from the data or from the data in conjunction with other information.
- In order to provide insurance quotes, administer insurance policies and deal with any claims, Patrona Underwriting Limited and Insurers for whom we act need to collect and process personal data about you. If you do not provide the information we need, we may not be able to offer you a quote or provide services to you.
- The types of personal data that are processed may include: -

Category	Types of Data Collected
Individual details	Name, Address, Date of Birth, Marital Status, driving licence particulars, vehicle details, occupation, relevant criminal convictions and penalty points.
Identification details	Identification numbers issued by government bodies or agencies including your Driving Licence Number.
Anti-fraud data	Anti-fraud data such as sanctions and criminal offences and information from various anti-fraud and claims databases related to you or any other person to be covered by this policy.
Special categories of personal data	Certain categories of personal data which have additional protection under EU data protection law.
Claims information	Information about previous and current claims (including other unrelated insurances), which may include data relating to your health (e.g., injuries and pre-existing conditions), relevant criminal convictions, or other special categories or personal data mentioned above.
Risk details	Information about you which we need to collect in order to assess the risk to be insured and provide a quote. This may include data relating to your health, relevant criminal convictions, or other special categories or personal data.

- By providing us with your information and proceeding with this contract, you consent to all of the information you have provided being used, processed, disclosed, transferred and retained for the purposes of underwriting, processing, claims handling and fraud prevention). If other people are to be covered by this policy, you have their consent to provide their information, and their information may be used for the purposes stated above as if their information was yours.
- We may hold and share information about you and any other person's personal data that you have provided with our agents and service providers, other insurers and their agents, any intermediary who acts or acted for you, recognised trade, governing bodies (of which we are a member or by whom we are governed), and An Garda Síochána or other appropriate law enforcement bodies in other jurisdictions. This includes the Insurance-Link database and Insurance Ireland's anti fraud claims matching database. We may also use private investigators to investigate a claim.
- Information you supply may be used by us and our partners (both inside and outside the European Economic Area) for the purposes of administering your policy (including underwriting, processing, claims handling and fraud prevention).
- Patrona Underwriting Limited and the Insurers reserve the right to confirm driving licence details with the appropriate licence authority.
- A copy of the Patrona Underwriting Limited Data Protection and Privacy Policy can be viewed on our website www.patrona.ie or requested in writing to the Data Protection Officer at Patrona Underwriting Limited, The Bushels, Cornmarket, Wexford.
- You have a right of access to and a right to rectify data concerning you under the current Data Protection legislation. Should you wish to exercise this right, please write to the Data Protection Officer, Patrona Underwriting Limited, The Bushels, Cornmarket, Wexford.



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