

**A.R.B. Underwriting Limited  
ARB House  
9 Blackrock Business Park  
Carysfort Avenue  
Blackrock  
Co. Dublin**

**MOTOR INSURANCE • PROPOSAL • FORM**



A.R.B. Underwriting is regulated by the Central Bank of Ireland as a multi agency intermediary acting as a product producer.  
Registered No. 168567 Registered Office: ARB House, 9 Blackrock Business Park, Carysfort Avenue, Blackrock, Co. Dublin.

**IMPORTANT MESSAGE**

All questions must be answered in full where appropriate. If insufficient space is available to provide the information requested, please use the supplementary proposal form. It is essential that you provide us with all material facts. A material fact is information that is likely to influence our decision and/or assessment of your proposal. Failure to disclose all material facts or disclosures of false or misleading information may result in: your Policy becoming void or cancelled and you may have difficulty in obtaining insurance elsewhere, a claim not being paid or the amount reduced or additional premiums of which we reserve the right to collect or the terms or conditions of the policy being amended. If you are in any doubt as to whether a particular piece of information is material, you should disclose it. You should keep a copy of all information supplied to us.

At your request, we will provide you with a copy of this within 3 Months after its completion.

**WE RESERVE THE RIGHT TO DECLINE ANY PROPOSAL. NO COVER IS IN FORCE UNTIL A CERTIFICATE OF INSURANCE HAS BEEN ISSUED.**

**1. PROPOSERS DETAILS**

Company Name (if applicable)

Title (Mr/Mrs/Dr etc.)

First Name(s)

Surname

Date of Birth





Are you resident in ROI / UK?

for more than 3 years? If no, please give details

NO

YES

Address

Work Address (If you use the vehicle to commute to work)

  
  

  
  


Telephone Number (home)

Mobile Telephone Number

Email address




Type of Licence (full/provisional/international/PSV etc.)

Date Licence Obtained

Occupation (trade, profession or job title) including part time



**2. NO CLAIMS DISCOUNT DETAILS**

Do you hold/have you held insurance on a motor vehicle?

If yes, state previous insurer, expiry date, policy number and No Claims Bonus years.

NO

YES

Insurer	Expiry Date	Policy Number	NCB (yrs)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been named on a motor insurance policy? If yes, state years named and on whose policy.

NO

YES

Do you require full NCB protection? (subject to acceptance criteria) (Additional premium will apply) (Not applicable to PSV policies)

Do you require a Voluntary Excess? (in addition to the standard policy excess)

NO

YES

NO

YES

€100

€200

€300

€500

**3. VEHICLE DETAILS**

Make and exact model (include Gti, GLX, Turbo etc.)	Engine Size or Carrying Capacity	Type of Body (hatchback, saloon etc.)	No. of Seats or Licenced Passengers
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Year of Manufacture	Purchase Date	Left / Right Hand Drive	Present Value	Registration Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- (a) Has the vehicle been modified from the manufacturer's standard specification? (including the fitting of communication/metering equipment, body kits etc.)
- (b) Is the vehicle financed, leased or on a hire purchase agreement?
- (c) Do you or any named driver have use of any other vehicle? If so please advise policy number and expiry date below
- (d) Is the vehicle owned by you and registered in your name?
- (e) Is your vehicle parked in a public place overnight?
- (f) Is your vehicle fitted with an alarm / immobiliser (if you have ticked any shaded boxes for any of the above questions, give full details below)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**4. DRIVER DETAILS**

Driving restricted (tick as required):  Insured Only Driving  Insured and Spouse  Insured and Named Drivers

Name	Date of Birth	Occupation	Employers Business	Type of Licence	Date Licence Obtained	Alcohol Drinker? (Y/N)	Main Driver (Y/N)

Have you or any named driver

	Yes	No
(a) ever been convicted of any motoring offence (including penalty points offences) or been warned verbally or in writing of any possible pending prosecution?		
(b) ever been disqualified from driving or had a driving licence suspended or revoked?		
(c) ever had a motor insurance policy cancelled or refused or had special terms imposed?		
(d) had any ACCIDENT, LOSS, FIRE or THEFT claim within the last FIVE years, regardless of blame? <i>(if you have ticked any shaded boxes for any of the above questions, give full details below)</i>		

Name	Date of Offence or Claim	Date of Conviction	Offence or Claim Details	Sentence, Fine, Disqualification Period or Penalty Points or cost of claim

(e) ever suffered from diabetes, epilepsy, heart disorder, defective vision/ hearing, loss of use of any limb, or suffer from any mental/physical infirmity?

(f) ever been convicted of a **CRIMINAL** non-motoring offence?

(g) lived outside of the European Union within the last FIVE years, other than for a holiday?  
*(if you have ticked any shaded boxes for any of the above questions, give full details below)*

	Yes	No

Name	Date of onset of condition	Details of Medical Condition (include medication and amounts)	Date of CRIMINAL conviction	Details of Conviction (include sentence)

(h) ever participated in any driver training programme, such as Institute of Advanced Motorists etc.?  
If Yes, please give name of the programme – a copy of pass certificate will be required

NO  YES

**5. COVER AND USE DETAILS**

Please indicate what cover you require. Comprehensive  Third Party, Fire & Theft  Third Party, Fire & Theft incl Windscreen  Third Party Only   
*(Private Car / Commercial Vehicle only)*

Indicate the use of the vehicle by ticking each appropriate box for each driver.

- Social, domestic & pleasure only
- S,D & P and commuting (to one permanent place of work /study)
- Class 1: Personal Business Use (limited to 5,000kms per year)
- Class 2: Employers Business and/or commuting to various places of work
- Class 3: Selling/commercial travelling
- Use for Hire and Reward (PSV)

Proposer	Driver 1	Driver 2	Driver 3

Estimated annual Kilometres (below)

**6. DECLARATION**

I/We declare that to the best of my/our knowledge and belief, the statements in this proposal are true and complete and I/we have not withheld any material information. If such statements are computer printed or in the writing of another person, the person completing this form or keying the information into the computer system acted as my/our agent for such purposes. I/We now invite A.R.B. Underwriting Ltd. to act upon these statements and issue a contract of insurance between myself/ourselves and the Insurer concerned. I/We accept the Insurer's policy subject to its terms, conditions and exceptions. This Proposal Form should be read in conjunction with your Policy schedule and Policy Booklet which you will receive from your broker

I/We consent to the information on this proposal and on any claim I/we make being supplied to any other person and/or organisation as A.R.B. Underwriting Ltd. or any Insurer concerned may deem it necessary. I/We also agree that, in response to any searches you make in connection with this application or any claim, any other person and/or organisation may supply information it has received about any other claims I/we have made and/or my/our driving licence and/or experience.

**Gap In Cover Declaration:**

I/We declare that since the expiry of my/our last Motor Insurance policy no drivers have been involved in any accidents/claims/convictions or have any pending prosecutions other than declared above.

PROPOSERS SIGNATURE  DATE

If the Proposer is a Company, please print the name and status of the signatory

## IMPORTANT INFORMATION

### Law applicable to Contract

Under relevant European (Third EU Non-life Insurance Directive) and Irish law, the parties to a proposed contract of insurance are free to choose the law applicable to the contract. We propose that Irish law will apply to the contract.

### “Cooling-off Period” Right to Cancel

You, the \*consumer, have the right to cancel your policy within 14 days of the inception or renewal date or the date you receive the policy documents without penalty and without giving any reason. To do this, you must advise us (or your insurance broker) and return the Certificate of Motor Insurance and Insurance Disc.

If you choose to cancel your policy during the “cooling-off period”, you will have to pay a proportional amount of premium for the period of time you had insurance cover.

*\* In accordance with the Distance Marketing Directive (Directive 2002/65/EC), a consumer is a natural person acting for purposes outside his/her trade, business or profession.*

### Complaints Procedure

We aim to provide a high standard of service, but if *you* are not satisfied *your* complaint should be addressed in the first instance to:  
**Motor Manager , ARB Underwriting Ltd , ARB House, 9 Blackrock Business Park, Carysfort Avenue, Blackrock, Co. Dublin.**  
Tel: +353 525 7900. E-mail: [motor@arb.ie](mailto:motor@arb.ie)

If *you* are not satisfied with the way *your* complaint has been dealt with, or if *you* have not received a final response within forty business days of the complaint being made, *you* may refer *your* complaint to the Financial Services Ombudsman (FSO). The contact details are as follows:  
Financial Services Ombudsman, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, Ireland. Tel: +353 1 6 620 899 Fax: +353 1 6 620 890  
E-mail: [enquiries@financialombudsman.ie](mailto:enquiries@financialombudsman.ie)

The complaints handling arrangements above are without prejudice to *your* rights in law.

### Terrorism Exclusion

We shall not be liable for any loss, damage, cost or expense of whatsoever nature, directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. Except insofar as that which is covered under Section 1 – Third Party Liability and for which our obligations under the Road Traffic Acts require us to be liable. This also excludes loss, damage, cost or expense of whatsoever nature, directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relation to an act of terrorism.

If we allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this Policy, the burden of proving to the contrary shall be upon the Insured.

For the purpose of this, an act of terrorism means an act, including but not limited to the use of violence and/or threat thereof, of any person or group(s) of persons, whether acting alone or on behalf or in connection with any organisation(s) or government(s), committed for political or other purposes including the intention to influence any government and/or to put the public or any section of the public in fear.

## DATA PROTECTION NOTICE

ARB considers that protecting personal information is very important and we recognise that you have an interest in how we collect, use and share such information. We invite you to review this Data Protection Statement, which outlines how we use and protect that information.

### Use of Information

1. This notice will explain how ARB will use information provided by yourself and third parties. References to "ARB" means ARB Underwriting Limited, and on behalf of certain underwriters and/or approved insurers, and all its subsidiaries.

The information that you provide to ARB will be held on a computer, computer database, e-mail, imaged documents, files, and letter and/or in any other way. ARB will use this information to (i) administer and process any products /services you have purchased from us, (ii) administer any future agreements we may have with you, (iii) manage any claim notified by you or by a third party and (iv) for client services, research and statistical analyses.

2. When considering a proposal or administering your insurance contract(s), handling claims, or making decisions regarding deferred payment arrangements, including whether to continue or to extend an existing deferred payment arrangement, ARB may carry out searches (for the purpose of verifying your identity and driving experience) and/or a credit search with one or more licensed credit reference agencies.

3. For underwriting and claims purposes, we may request details about the health, the condition, the commission or alleged commission of any offence and conviction about you. In these applications, you explicitly consent to the processing of your details for these purposes.

### Rights of Customers

4. You have the right of access to the personal data held about you by ARB by sending a written request to the Data Protection Unit, ARB Underwriting Ltd and certain underwriters and/or approved insurers, and on payment of a fee of €6.35. You also have the right to require ARB to correct any inaccuracies in the information we hold about you.

### Sharing of Information

5. We shall not disclose personal information without the consent of the individual to which it relates except in limited circumstances as permitted or required by law. We may share personal information with agents or service providers in connection with providing, administering and servicing the products you have purchased from us or in the course of handling third party claims.

Where we choose to have certain services provided by third parties, we do so in accordance with the applicable law and take reasonable precautions regarding the practices employed by the service provider to protect personal information.

### Insurance-Link

6. Where you make a claim, we will pass details of the event to the Insurance-Link Central Register maintained by insurance companies under the aegis of the Irish Insurance Federation. The information will be shared with other insurance companies to safeguard against non-disclosure and help prevent fraudulent claims. Where there are reasonable grounds for suspicion, information may be passed to relevant enforcement agencies.

You have the right of access to the personal data held about you by Insurance-Link. Please write to the Data Protection Unit, ARB Underwriting Limited, if you would like to know how to access the information on the Central Register.

### Other

7. If you decide to proceed or have any other communication with ARB through or in relation to its products and services you accept the use by ARB of your personal data as indicated.

### BROKER'S DETAILS

### BROKER CHECK LIST

- Are all the questions fully answered?
- Has the Proposer initialled any changes made to this proposal?
- Has the Proposer signed and dated this proposal?
- Are copies of ALL drivers licences attached to this proposal?
- Is all other supporting documentation attached?

YES


NO
