

Important Message											
Please read the following carefully before you complete, sign and date this form:											
<ul style="list-style-type: none"> • Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid • The Questions which follow must be answered fully, correctly and truly. • 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 facts would include any facts which might influence the acceptance or assessment of your proposal. • If you are in doubt as to whether a fact is material you should disclose it. • You should also keep your own record (including copies) of all information supplied to us in arranging this Insurance. • A copy of this Proposal Form is available on written request within three months from the date of the proposal. 											
1. About You											
Full Name or Trading Name:											
Postal Address:								Eircode:			
Commuting Address: (If using car to commute to and from place of work)											
Occupation (Full Time):				Occupation (Part Time):							
Nature of Business (Full Time):			VAT Status:			VAT No.:					
Date of Birth:			Marital Status:			Gender:		Female <input type="checkbox"/> Male <input type="checkbox"/>			
Length of residence in Ireland:					Are you a Home Owner?			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Home Telephone:			Work Telephone:			Mobile:					
Email:											
2. About Your Driving Experience											
a) Do you hold or have you held insurance on a motor vehicle in your own name? If Yes , give details below Yes <input type="checkbox"/> No <input type="checkbox"/>											
Type of Vehicle (e.g. car, van)		Insurance Company		Policy Number		Expiry Date		No. of Years Earned No Claims Discount			
b) If not in your own name, are you currently a named driver on a motor insurance policy? If Yes , give details below Yes <input type="checkbox"/> No <input type="checkbox"/>											
Type of Vehicle (e.g. car, van)		Insurance Company			Policy Number			No. of Years Named			
3. About Your Car											
Year of Make	Make / Model (include GTi, GLX etc.) / Type of Body			Cubic Capacity	Seating Capacity	Date of Purchase	Present Value	Registration No.			
a) Please state the name of the main user of the car described in 3. above?											
b) Have you bought the car for use by another person? If Yes , give details Yes <input type="checkbox"/> No <input type="checkbox"/>											
c) Are you the registered owner of the car described in 3. above? If No , please state name of registered owner Yes <input type="checkbox"/> No <input type="checkbox"/>											
d) Are there any cosmetic, mechanical or engine alterations of the car from the manufacturer's original specification? If Yes , give details Yes <input type="checkbox"/> No <input type="checkbox"/>											
e) Is the car normally kept at the above postal address? If No , give details Yes <input type="checkbox"/> No <input type="checkbox"/>											
f) Is the car kept in a locked garage? If No , give details Yes <input type="checkbox"/> No <input type="checkbox"/>											
g) How many vehicles are owned or used by you?		Car:		Van:		Motorcycle:		Other:			
h) Is the car right hand drive (normal for Ireland/UK)? Yes <input type="checkbox"/> No <input type="checkbox"/>											
i) Has the car been previously registered in a country other than Ireland? Yes <input type="checkbox"/> No <input type="checkbox"/>											
j) Has the car been previously declared an uneconomic repair or total loss? Yes <input type="checkbox"/> No <input type="checkbox"/>											
k) Is the car financed, leased or on a hire purchase agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>											

l) Has the car been fitted with any anti-theft or tracking devices? If Yes give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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4. About Who Will Drive (select one only)	
a) Yourself only	<input type="checkbox"/>
b) Yourself and your Spouse/Partner	<input type="checkbox"/>
c) Yourself and Other Named Drivers	<input type="checkbox"/>
d) Open Driving (aged 25 to 75 years with a full Irish or EU licence)	<input type="checkbox"/>

About the Drivers (give details of person likely to drive INCLUDING YOURSELF below)									
	First Name	Surname	Date of Birth	Gender (F/M)	Occupation (incl part-time)	Employers Business	Licence Type	Licence Country of Issue	Date Licence Obtained
YOU									
Driver 1									
Driver 2									
Driver 3									

Have you or any person who to your knowledge will ever drive:

e) Subject to spent convictions described below, EVER been		
(i) convicted of any offence (including but not limited to motoring offences), in any court? If Yes , give details below	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) disqualified from driving or had a driving licence suspended or revoked? If Yes , give details below	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) within the past 7 years, been warned verbally or in writing of any possible pending prosecution? If Yes , give details below	Yes <input type="checkbox"/>	No <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:

- Was an adult (18 years of age or more) when they committed the offence, and
- Was convicted more than 7 years ago, in either:
 - 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
 - Motoring offences, (but not Dangerous Driving under Section 53 of the Road Traffic Act 1961)
 - Public Order Offence convictions
 - Possession of Alcohol convictions

CONVICTIONS / MOTORING OFFENCES (questions 4e(i), 4e(ii) and 4f above)			
Drivers Name	Offence Details	Date of Offence	Sanction <i>e.g. Fine / Disqualification / Sentence / Penalty Points</i>

g) ever had a motor insurance policy cancelled or refused or had special terms imposed? If Yes , give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h) had an accident, claim or loss (including fire, theft and windscreen claims) whether to blame or not during the last five years in connection with any motor vehicle (including motorcycles)? If Yes , give details below	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Drivers Name	Loss Details	Date of Loss	Amount Settled

i) ever suffered or currently suffers from any physical or mental condition that must be disclosed on an Irish Driving Licence application? If Yes , give details below	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Drivers Name	Details of the Condition

Important Note: We require documentary proof from the physician managing the condition confirming the driver's fitness to drive.

5. How Will The Car Be Used (specify for main user only)

Description of Use	Yes	Estimated Annual Mileage
a) Social, Domestic and Pleasure use including travel to and from a permanent place of employment	<input type="checkbox"/>	
b) Used in connection with your business profession	<input type="checkbox"/>	
c) Used in connection with your employers business	<input type="checkbox"/>	
d) Used by you for commercial travelling	<input type="checkbox"/>	

6. Cover Required (select one only)

a) Comprehensive with Full Bonus Protection	<input type="checkbox"/>
b) Comprehensive with Step Back Bonus Protection	<input type="checkbox"/>
c) Comprehensive with No Bonus Protection	<input type="checkbox"/>
d) Third Party, Fire and Theft with Full Bonus Protection and Windscreen	<input type="checkbox"/>
e) Third Party, Fire and Theft with Full Bonus Protection and No Windscreen	<input type="checkbox"/>
f) Third Party, Fire and Theft with Step Back Bonus Protection and Windscreen	<input type="checkbox"/>
g) Third Party, Fire and Theft with Step Back Bonus Protection and No Windscreen	<input type="checkbox"/>
h) Third Party Only	<input type="checkbox"/>

Insurance is Required from

Date:		Time:	
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Declaration

I/We declare to the best of my/our knowledge and belief that the information given on this form is true in every respect. I/We declare that if anything on this form was written by another person, he or she acted as my/our agent for this purpose. I/We declare that if the proposer is not an individual person, the signatory below is authorised to form a contract on our behalf. I/We agree that this proposal, declaration and other information provided in connection with this proposal is the basis of the contract between me/us and the Insurers shown below. I / We declare that we have read and understood the Data Protection Statement shown below.

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

Gap in Cover Declaration (Only complete this section if the start date for this policy is later than the date your last policy ended)

I/We declare that I/we have not held insurance since DD / MM / YYYY, because (state reason):

No person who will drive the vehicle(s) described above has been involved in any accident, claim, had any penalty points, convictions or pending prosecutions since my last policy ended, except as notified above.

Date:		Signature of Proposer:	
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Ornella Underwriting Limited reserves the right to decline any proposal.

Insurers	
Policy Section	Insurer
Breakdown Assistance	Mapfre Assistance Agency Ireland Ltd. MAPFRE ASISTENCIA Compania Internacional De Seguros Y Reaseguros, S.A., trading as MAPFRE ASSISTANCE Agency Ireland and Insure and Go Ireland, is authorised by Direccion General de Seguros y Fondos de Pensiones del Ministerio de Economia y Hacienda in Spain and is regulated by the Central Bank of Ireland for conduct of business rules
Legal Assistance	ARAG Legal Protection Limited is an insurer regulated by the Central Bank of Ireland.
All other sections	Wakam 120-122 Rue Réaumur, 75002 Paris, France. Wakam is authorised by the Autorité de Contrôle Prudentiel et de Résolution (ACPR), France and is regulated by the Central Bank of Ireland for Conduct of Business Rules.
This proposal form is an agreement between you and the insurers whose names are shown above. This and other information provided forms the basis of the contract between you and the Insurers. Ornela Underwriting Limited will act in accordance with an authorisation granted under contract on behalf of the insurers named above.	

DATA PROTECTION															
<ul style="list-style-type: none"> Ornela 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, Ornela 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: - 															
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<ul style="list-style-type: none"> 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 Siochana 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). Ornela Underwriting Limited and the Insurers reserve the right to confirm driving licence details with the appropriate licence authority. A copy of the Ornela Underwriting Limited Data Protection and Privacy Policy can be viewed on our website www.ornellaunderwriting.ie or requested in writing to the Data Protection Officer at Ornela 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, Ornela Underwriting Limited, The Bushels, Cornmarket, Wexford. 															