

IMPORTANT NOTICE						
<ul style="list-style-type: none"> <li>This document is a record of the answers you have given during your application for our Flexi Car Insurance policy.</li> <li>We rely on the information shown below in deciding to offer you insurance, and to calculate your premium.</li> <li>Every question asked of you that is recorded in this document is material to that purpose.</li> <li>You are required by law to answer questions honestly and with reasonable care.</li> <li>If these statements are not true, your insurance might be cancelled, declared void and any claims you or others may have may not be paid, or if we have to pay them, they may be recovered from you. The most common cause of such action is a failure to properly consider the record of claims or convictions, please consider this section thoroughly.</li> <li>If your policy is cancelled or declared void you may encounter difficulty trying to purchase insurance elsewhere.</li> <li>Failure to have insurance in place, including by way of void or cancellation, could lead to a breach of the terms and conditions of any loan secured on your property.</li> <li>If you are unsure or do not understand any part of this document, please seek assistance from the intermediary arranging this policy for you. A family member or friend or a trusted contact person.</li> <li>If someone else has helped you answer the questions asked of you, you agree that that person is your agent for that purpose and you are still responsible for the truth of the statements below.</li> <li>The policy you are buying contains conditions and exclusions to cover. These can be found in writing on our website at <a href="http://www.ornellaunderwriting.ie/documentcentre">www.ornellaunderwriting.ie/documentcentre</a> in the Flexi Car section. Your intermediary should be able to answer any questions or concerns you have about these exclusions.</li> <li>Ornella Underwriting Limited will administer your policy for which we will receive a commission from the insurer and a fee which is included in any premium you have been quoted. Details are available on our website.</li> </ul>						
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 <b>Yes</b> give details							Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>4. About Who Will Drive (select one only)</b>									
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"/>	

<b>About the Drivers (give details of person likely to drive INCLUDING YOURSELF below)</b>									
	First Name	Surname	Date of Birth	Gender (F/M)	Occupation (incl part-time)	Employers Business	Licence Type	Licence Country of Issue	Date Licence Obtained
<b>YOU</b>									
<b>Driver 1</b>									
<b>Driver 2</b>									
<b>Driver 3</b>									
<b>Driver 4</b>									

<b>Have you or any person who to your knowledge will ever drive:</b>									
e)	Subject to spent convictions described below, within the last SEVEN YEARS been								
	(i) convicted of any offence (including but not limited to motoring offences), in any court? If <b>Yes</b> , give details below							Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(ii) disqualified from driving or had a driving licence suspended or revoked? If <b>Yes</b> , 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 <b>Yes</b> , 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

<b>CONVICTIONS / MOTORING OFFENCES (questions 4e(i), 4e(ii) and 4f above)</b>			
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 <b>Yes</b> , give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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h) had an accident, claim or loss (including fire, theft and windscreen claims) whether to blame or not during the last seven years in connection with any motor vehicle (including motorcycles)? If **Yes**, give details below Yes  No

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  No

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:

**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:	<b>X</b>
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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:	<b>X</b>
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**Ornella Underwriting Limited reserves the right to decline any proposal.**

<b>Insurers</b>	
<b>Policy Section</b>	<b>Insurer</b>
<b>Breakdown Assistance</b>	<b>Mapfre Asistencia Compania Internacional De Seguros Y Reaseguros S.A. trading as Mawdy is authorised by Dirección General de Seguros y Fondos de Pensiones del Ministerio de Economía y Hacienda in Spain and is regulated by the Central Bank of Ireland for conduct of business rules.</b>
<b>Legal Assistance</b>	ARAG Legal Protection Limited is regulated by the Central Bank of Ireland
<b>All other Covers</b>	Accelerant Insurance Europe S.A. is authorised by the National Bank of Belgium and regulated by the Financial Services and Markets Authority (FSMA) (Ref. 3193) in Belgium 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. Ornella Underwriting Limited will act in accordance with an authorisation granted under contract on behalf of the insurers named above.

<b>DATA PROTECTION</b>
<p>How we collect and use personal data you provide is contained in our Privacy Notice. A copy of the Ornella Underwriting Limited Privacy Notice can be viewed on our website <a href="https://www.ornellaunderwriting.ie/privacy-notice">https://www.ornellaunderwriting.ie/privacy-notice</a>. You can also scan the QR code below.</p> <p>If you require a hardcopy of our Privacy Notice, please email <a href="mailto:customerservices@ornellaunderwriting.ie">customerservices@ornellaunderwriting.ie</a> or write to the Data Protection Officer at Ornella Underwriting Limited, The Bushels, Cornmarket, Wexford, Y35 HYE0</p> <div style="text-align: center;">  </div>