

POLICY NUMBER / /

Non Disclosure Warning: You are under a duty to tell us all facts likely to influence how we assess and if we accept your proposal. If you do not, we may cancel your policy, declare the contract to be void and refuse to pay any claim under the policy as well as any other rights we may have under the policy. It is your own interest to mention these facts. If you are in any doubt whether certain facts are important, please ask us. Please use block capitals when completing form. All questions must be answered fully and accurately. Before completing this application you must ensure that you have consent to our use and sharing of any personal/sensitive data.

PLEASE USE BLOCK CAPITALS WHEN COMPLETING FORM. ALL QUESTIONS MUST BE ANSWERED FULLY AND ACCURATELY

Mr/Mrs/Ms	Proposer's Name	Date of Birth	/	/
Postal Address		Type of driving licence	Full <input type="radio"/>	Provisional <input type="radio"/>
BT Code		Country of issue	_____	
Contact telephone number				
E-mail Address				
Occupation/Business including any part-time work (full description)				
Is the vehicle normally kept at this address?		YES <input type="radio"/> NO <input type="radio"/>		
If 'NO' to the question above please state where it is kept				
Do you live in the vehicle when you are not on holiday?		YES <input type="radio"/> NO <input type="radio"/>		

Drivers

Before completing this section you must ensure that you have any drivers consent to our use and sharing of any personal/sensitive data.

- Do all other drivers hold a Full UK, Irish or EU driving Licence? YES NO
- Do you wish driving to be limited to Yourself? YES NO
- Yourself and your spouse only? YES NO
- Yourself and named driver(s)? YES NO
- Open driving 25-70 years with full licence (available at an additional premium) YES NO

Details of drivers (excluding yourself):

Name	Relationship to proposer	Date of birth	Occupation	Type of driving licence	Country of issue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous history

HAVE YOU OR ANY PERSON WHO TO YOUR KNOWLEDGE WILL DRIVE

(a) During the past 5 years in any country

- i. been disqualified from driving, including disqualifications that started more than 5 years ago but were still in place at some time in the last 5 years? YES NO
- ii. been convicted of or fined for any motoring offence (except parking tickets)? YES NO
- iii. received any cautions concerning any such offence? YES NO
- iv. any prosecution pending for any motoring offence? YES NO
- v. had any penalty points applied or required to be applied to a driving licence? YES NO
- vi. had a licence endorsed, or required to be endorsed? YES NO

(b) Had any proposal declined, renewal refused, policy cancelled, or special terms imposed? YES NO

If you have answered 'YES' state the name(s) of person(s) and give full details

HAS ANY ACCIDENT, LOSS OR CLAIM ARISEN DURING THE LAST 5 YEARS IN CONNECTION WITH ANY MOTOR VEHICLE

- (a)** owned by you or driven by you? YES NO
- (b)** driven by any person who to your knowledge will drive? YES NO

If you have answered 'YES', please give details

Particulars of present or previous Insurance

DO YOU OR ANY PERSON WHO WILL DRIVE SUFFER FROM

any physical or mental disability or infirmity, psychiatric illness or mental disorder, heart condition, epilepsy, diabetes, multiple sclerosis, Parkinson's disease, a stroke, brain surgery or tumour or a severe head injury, eye disorder or disease, continued misuse or dependency on alcohol, illicit drugs or chemical substances, or any other condition requiring current treatment involving the habitual use of drugs?

Note: All these conditions are DVLA notifiable.

YES NO

If you have answered 'YES', please give details

Camper

Make & Model Fuel c.c. Year Value Registration Number

Was the vehicle manufactured as a motor caravan? YES NO
Is the vehicle owned by you? YES NO
Is the vehicle registered in your name? YES NO

If you have answered 'NO' please give details

Do you/your spouse own any other private cars? YES NO

If "YES" please state: Make & Model Insurer Policy no(s):

Expiry date on certificate / /

Do you wish to avail of a higher excess of £500 in return for a discount? YES NO Is your camper fitted with a vehicle security tracking system? YES NO

Do you wish to add extra benefits cover? YES NO Is your camper fitted with an alarm? YES NO

Cover

Cover applicable is Comprehensive including breakdown assistance and windscreen cover. (Unless otherwise stated by Insurers).

Date from which cover is required / /

Conversions

Please complete this section if your motor camper was a vehicle converted after manufacture to a motor camper. Please note you must provide an Engineers Report Form if (i) the vehicle is a conversion and/or (ii) is more than 15 years old

Date of the completion of conversion work

Individual or company who carried out the conversion

If this work was not carried out by a professional, or was done by you, we will need a photograph of all 4 sides, the interior and a close up of any gas cylinder connected to the camper.

Please describe the work carried out here.

Other products and services

In the future we, AXA, would like to use your personal data for the purpose of offering you other products and services, including those available from companies in the AXA Ireland Group and carefully selected third parties, which AXA thinks may be of interest to you. In this connection, and occasionally for market research and statistical purposes, the services of a reputable external agency may be used. This information may be provided to you by Mail, Telephone or E-Mail. If you do not wish to receive this information, please tick this box .

Declaration

I declare that the particulars in this proposal are true to the best of my knowledge and belief. I also declare that if anything on this form was written by another person, He/She acted as my Agent for this purpose. I agree that this proposal and declaration shall be the basis of contract between me and AXA Insurance Ltd.

Proposer's Signature:

Date: / /

Note: No cover commences until the Company has accepted this proposal and agreed cover. You should keep copies of all correspondence in connection with this insurance. A copy of the proposal form is available on request within two years of the inception of the policy. Insurers may share information to prevent fraud.

Please return completed forms to:

**Camper Team, Dolmen Insurance Brokers,
Butterly Business Park, Artane, Dublin 5.**



OFFICE USE ONLY	Premium (inc. Levy/IPT)	Signature of Authorised Official
Inception Date <input type="text"/>	£ <input type="text"/>	<input type="text"/>

AXA Broker is the trading name of AXA Insurance Limited, Registered office: Wolfe Tone House, Wolfe Tone Street, Dublin 1. Registration no. 136155. We may record or monitor phone calls for training, prevention of fraud, complaints and to improve customer satisfaction. AXA Insurance Limited t/a AXA Broker is regulated by the Central Bank of Ireland and is obliged to comply with the Insurance Conduct of Business rules issued by the Financial Services Authority.