



Proposal for Channel Islands Specified Motorcycle Policy

Cover under the Specified Motorcycle Policy is limited to the Channel Islands - Any additional cover must be arranged separately with Islands Insurance

All questions must be answered fully. Please use BLOCK LETTERS

It is essential that you disclose accurately all facts which could influence acceptance of this proposal or the terms to be applied. If you are in any doubt whether a fact is material you should disclose it. Failure to do so may invalidate the policy.

You are advised to keep a record of all the information supplied to the Company for the purpose of this insurance. A copy of the completed proposal form sent to the company will be supplied on request. This request should be made within 3 months of completion of the proposal form. A specimen policy is available on request.

Name of Proposer (*in full*) _____

Date of birth Date ____ Month ____ Year ____

Postal Address (*in full*) _____

_____ Post Code _____ Telephone No _____

Occupation(s) *All must be stated* _____

Cover	Which cover is required?	Comprehensive <input type="checkbox"/>	Third Party Fire and Theft <input type="checkbox"/>	Third party only <input type="checkbox"/>
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Period of insurance From _____ To noon on _____

Make And Model _____ Year _____ Engine Size _____ Value _____ Registration Number _____

Who is the registered owner of the Motorcycle? _____

Usual overnight Location of the vehicle: **Garaged / Driveway / Road**

Address where vehicle is kept: _____

Additional Riders

Name	Date of Birth	Occupation

All 'Yes' or 'No' answers tick in box as appropriate and if you have ticked a shaded box please give further details

Previous Insurance Are you now or have you ever been insured in respect of a motor cycle Yes No

Company _____ Policy No _____ Expiry date _____

Do you and all additional riders hold the appropriate licence? Yes No **Please send in a copy of your licence with this proposal or bring the licence with you when you come to our office.**

Please indicate the type of licence you all hold Full Provisional

Have all riders passed their C.B.T. and gained the relevant certificate? Yes No **If no, please advise the date of your CBT:** _____
 (please note that cover will commence from the date of your CBT)

Has any rider any physical disability or disease, loss of limb or eye, defective vision or hearing? Yes No

Has any rider been convicted of any driving offence or is any prosecution pending? Yes No If Yes, a Conviction Form is required.

Has any rider been refused insurance or had special conditions imposed? Yes No

Has any rider been convicted of any other offence? Yes No If Yes, a Conviction Form is required.

Has the vehicle been converted, modified or adapted in any way (e.g engine performance, body styling handling or been kit or custom built)? Yes No If Yes, a Modified Vehicle Report Form is required.

Do you intend to use the vehicle outside of the Channel Islands for periods in excess of 1 month? Yes No If yes give details:

WARNING: should you ever use the vehicle outside the Channel Islands for more than 1 month at a time, Islands Insurance must be notified in advance as an additional premium and different terms may be applied. Your cover may be invalidated if you fail to notify us.

Accidents and/or losses

Have you been involved in any accidents fire or theft losses in the past 3 years

Yes No

If 'Yes', please complete the following table

Accident/loss date	Loss/Damage Claims £	Third party claims £ (<i>inc. outstanding</i>)	Details of accident or loss

We are fully committed to the concept of mutuality believing that this is the best way of providing sustainable value for money to our customers. As a mutual we have no shareholders and do not therefore pay dividends. As a result we have one of the lowest expense ratios in the insurance industry. We are committed to ensuring that the combined benefits of our mutuality and a low expense ratio are passed on to our General Insurance customers via keen prices, wide cover and good service and our Financial Services customers through low charges, quality investment returns and personalised service. In order that current and future generations of customers continue to enjoy the benefits of mutuality all new policies issued by NFU Mutual contain a windfall assignment clause. Effectively this means that in the unlikely event of de-mutualisation any windfall payment arising from the policy you are taking out would be paid to NFU Mutual Charitable Trust rather than the policyholder.

I/We the undersigned, declare that to the best of my/our knowledge and belief the information given in this proposal and declaration, which I/we have read over and checked, is true and complete. I am/we are willing to accept the terms and conditions of NFU Mutual's policy, and I/we undertake to pay the premium when called upon to do so.

In consideration of NFU Mutual accepting my proposal:-

1. I/we undertake and agree with NFU Mutual and the NFU Mutual Charitable Trust ("the Trust") to assign, pay or transfer to the trustees of the Trust all and any rights to which I/we may become entitled at any time by reason or in respect of my/our membership of NFU Mutual by reference to the policy proposed for, on, or in connection with, any transfer of part or all of NFU Mutual's business to any other person, firm or company or any change in the corporate status of NFU Mutual or any distribution out of the funds of NFU Mutual other than
 - a) the declaration of any customary annual, reversionary or terminal bonus attaching to a policy of life, annuity or capital redemption assurance or
 - b) any other benefit which the Board of NFU Mutual determines shall not be subject to my/our agreement to assign, pay or transfer;

2. I/we undertake to execute and deliver any transfer, deed and/or other documents together with any certificates of title or valuable consideration received by me/us as NFU Mutual or the Trust shall require in compliance with my/our undertaking and agreement set out above; and

3. I/we hereby irrevocably severally appoint NFU Mutual and the Trust and any officer of NFU Mutual or the Trust to act as my/our agent to execute on my/our behalf any assignment, transfer form, receipt or other document as may be required in order to effect the above assignment, payment or transfer and I/we hereby authorise and approve each and every act or thing which may be done or effected by NFU Mutual, the Trust or any officer of NFU Mutual or the Trust, as the case may be, in exercise of any of its or his powers and/or authorities given by me/us hereunder.

Date _____

Signature of Proposer _____

You should show this notice to anyone insured to drive the vehicle covered under this policy.

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