



[MotorShield Proposal]

BY CREDIT OR DEBIT CARD

If you want to pay by Mastercard/Visa or Maestro/Solo please enter your details below. (Do not send your card).

Card number	<input type="text"/>	Holder's signature	<input type="text"/>
Card holder	<input type="text"/>	Policy number	<input type="text"/>
Start date	<input type="text"/>	Expiry date	<input type="text"/>
		Card verification code	<input type="text"/>
			Issue number <input type="text"/>

BY CASH OR CHEQUE

You may pay cash to your usual Insurance Adviser or Tower Insurance office. Please do not post cash. Alternatively, you may pay by cheque, but it should be crossed and made payable to your usual Insurance Adviser or Tower Insurance Company Limited.

Payment Options

Paying for your insurance could not be easier than with our three easy ways to pay. You can choose to pay by Direct Debit, Credit or Debit Card and by cash or cheque.

Monthly instalments by Direct Debit is the easiest and most convenient way to pay. You just complete the Direct Debit Instruction to pay monthly instalments from your Bank or Building Society account. Once you start paying monthly instalments there are no more forms to fill in - we simply continue to apply to your Bank or Building Society monthly.

If you choose to pay by Direct Debit a small handling charge (maximum APR 11.4%) will be added to your annual premium, plus IPT at the current rate (only if the risk address is in the UK). Instalments will be collected monthly in 12 equal payments.

- You can pay monthly instalments by Direct Debit from most current accounts at Banks and Building Societies. However, you must be at least 18 years old to arrange a Direct Debit.
- Should there be a delay in processing your application to pay monthly instalments the number of monthly payments will be reduced. The amount due will be spread equally over the remaining payment period.
- Before you start paying monthly instalments we will send you an advance notice showing the amounts due and the dates on which, or immediately after which, debits will be made from your account.
- Should you wish to cancel your insurance please confirm in writing to us and, where applicable, return any certificate(s) of insurance. Please also ask your Bank or Building Society to cancel your Direct Debit Instruction.
- Should your Bank or Building Society not honour a Direct Debit Instruction cover under your policy will cease. However, before this cancellation takes effect we will give you written notice. Please see your policy for details.
- See below for the safeguards assured by the Direct Debit Guarantee.

The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Tower Insurance will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Tower Insurance or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.



**PLEASE RETAIN
THIS FOR
FUTURE
REFERENCE**

HOW WOULD YOU LIKE TO PAY?

Please complete Parts 1 and 2 in all cases and return this form, together with your Direct Debit Instruction (if appropriate) and Proposal Form, to your usual Insurance Adviser or Tower Insurance.

Part 1

Name _____	
Address _____ _____	
Postcode _____	Tel. No. _____

Part 2 - Now choose the payment option which suits you.

Please Tick

Monthly Premiums by Direct Debit

Please complete the 'Direct Debit Instruction' below

By Credit or Debit Card

Please complete the 'By Credit or Debit Card' section overleaf

By cash or cheque

Please see the 'By cash or cheque' section overleaf

For office use only: Monthly Premiums ref.



Instruction to your Bank or Building Society to pay by Direct Debit



Please fully complete the white boxes numbered 1 to 6 and return the form with your application to Tower Insurance

1 Name and Address of account holder

Postcode _____	

2 Full postal address of your Bank branch/Building Society branch

To the Manager _____	Bank / Building Society _____

Postcode _____	

Originator's Identification Number

9	8	3	7	8	3
---	---	---	---	---	---

Originator's Reference

--	--	--	--	--	--	--	--

3 Branch Sort Code

			-				-			
--	--	--	---	--	--	--	---	--	--	--

4 Account Number

--	--	--	--	--	--	--	--	--	--	--	--

Instructions to your Bank or Building Society

Please pay Tower Insurance Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Tower Insurance and, if so, details will be passed electronically to my Bank/Building Society.

5 Signature

6 Date

The account holder must sign the instruction. Banks/Building Societies may refuse to accept instructions to pay Direct Debits from some types of account. Please contact your branch for details. They will also advise the Sort Code and Account Number you should use.

Intro/earned N.C.D.
 Quotation Ref.....Agency Ref
 Premium £
 Policy No.....Authorised by.....



MotorShield Proposal/Additional Vehicle Form

A POLICY BOOK WITH FULL POLICY WORDING IS AVAILABLE ON REQUEST.

IMPORTANT: It is an offence under the ROAD TRAFFIC ACT to make a false statement or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance. Please ensure that this form is completed correctly in every particular.

PLEASE COMPLETE IN CAPITAL LETTERS USING AN INK PEN

Tick as appropriate

NEW POLICY

ADDITIONAL VEHICLE

Full Name	<input type="text" value="Mr/Mrs/Miss/Ms"/>	<input type="text"/>	
Address (If you have been at this address for less than 3 years, please show your previous address in the Additional Information section)	<input type="text"/>		
	Postcode	Tel. No.	
Address where vehicle is normally kept (if different from above)	<input type="text"/>		
	Postcode	Tel. No.	
Precise occupation (including any part-time or casual) and nature of duties	<input type="text"/>		
Marital status (tick box)	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
Insurance required from	<input type="text" value="a.m./p.m."/>	on	<input type="text" value="/ /"/> for 12 months

PLEASE INDICATE THE COVER YOU REQUIRE

Comprehensive Third Party Fire & Theft Third Party Only

VOLUNTARY EXCESS

Applicable only if Comprehensive cover is selected.

If you have selected Comprehensive cover, our quote will include a Voluntary Excess of £150. Which means we will reduce the premium you have to pay, if you agree to pay the first £150 (excess) of each damage claim to your car(s).

N.B. Separate excesses apply to theft and glass claims. A young/inexperienced driver excess or other compulsory excess, e.g. due to the type of car, may apply to your policy and will be in addition to any Voluntary Excess you select.

Please select the Voluntary Excess to apply if other than £150. £50 £100 £250

ABOUT YOUR CAR

Please answer all the following questions and give details of your car below.

Make	Model	Type (e.g. GL)	c.c.	Registration No.	Year of Make
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Annual Mileage*	Value of Car**	No. of Doors	Fuel (Petrol/Diesel)	Manual/Automatic
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Approximate total future annual mileage of the car **Policy limit of £100,000 per car applies

- Where is the car normally kept overnight? Private Garage Drive Carport Street Elsewhere (tick 1 only)
If yes please give details _____
- Is the car left-hand drive? Yes No _____
- Has the car been altered/modified from the manufacturer's specification (including the addition of optional fit accessories such as spoilers, alloy wheels etc?) Yes No _____
- Is there any additional equipment installed in the car (e.g. car phone, fax, navigation equipment etc?) Yes No _____
- Has the car been fitted with an alarm, immobiliser or tracking device? (Please state make, model, cost and attach a copy of the installation certificate). Yes No _____
- Have you bought the car for use by another person? Yes No _____
- Is the car the subject of a hire purchase, vehicle leasing agreement, or other loan arrangement? (If yes please confirm whose name is on the agreement). Yes No _____
- Do you or your family have use of any other vehicles not included in this proposal? Yes No _____
- Was the vehicle bought as new or second hand outside the UK, or has it ever been rebadged? Yes No _____
- Is the vehicle of a specification not normally available in the UK? Yes No _____
- Who is the owner of the vehicle? Please give full name, do not use initials _____
- Who is the registered keeper of the vehicle? Please give full name, do not use initials _____

IF YOU HAVE TICKED ANY OF THE SHADED BOXES PLEASE GIVE FULL DETAILS IN THE ADDITIONAL INFORMATION SECTION

ACCESSORIES This Section is only applicable if Comprehensive or Third Party Fire & Theft cover is selected.

N.B. Cover for accessories designed for audio or visual entertainment or for communication purposes e.g. Radios, Cassette Players, In-Car Telephones, applies only to permanently fitted items and is subject to a **limit of £750** in any one occurrence.

If you require a higher limit than £750 please state the amount of cover you require up to a **maximum of £2,000**.
An additional premium will be charged for this.

£

HOW WILL THE CAR BE USED? Please answer all the following questions.

Important: It is a requirement of the Road Traffic Act that your Certificate of Motor Insurance shows the **widest** use you will use your car for. If you are uncertain which of the following uses to select check with your Insurance Adviser.

TICK BOX
YES NO

1. Which use do you require:
 - a) Social, Domestic and Pleasure only excluding commuting or any part of a journey to work? YES NO
 - b) Social, Domestic and Pleasure plus commuting to/from permanent place of work (including part journeys)? YES NO
 - c) Social, Domestic and Pleasure plus commuting plus business use by yourself or your spouse only? YES NO
2. Do you also require any of the following uses:
 - a) Business Use by any other person? YES NO
 - b) Carriage of goods and passengers in connection with any business? YES NO
 - c) Commercial travelling or use in connection with the Motor Trade? YES NO
 - d) Carriage of goods for hire or reward? YES NO

ABOUT THE DRIVERS

Have YOU or ANY PERSON who will drive:

TICK BOX
YES NO

- a) Been involved in any vehicle accident or loss in the last 5 years (this includes all vehicle accidents/losses/thefts irrespective of blame and whether or not an insurance claim resulted)? YES NO
 - b) Been convicted of any motoring offence including endorsable Fixed Penalty Offences during the last 5 years or is any prosecution pending? YES NO
 - c) Been disqualified from driving? YES NO
 - d) Been refused motor insurance or been quoted an increased premium or had special terms imposed? YES NO
 - e) Been convicted of any offence for dishonesty of any kind? YES NO
 - f) Been resident outside the Isle of Man or UK in the last 3 years? YES NO
 - g) Suffered from heart disorder, diabetes, fits or other mental or physical infirmity or are you/they regularly taking any prescribed medication? YES NO
- If 'YES', has the health condition been notified to the Isle of Man Government Motor Vehicle Licensing Department or for UK risks, the DVLA? YES NO
- If the health condition has been notified to the Licensing Authorities, have they issued the driver with a licence? YES NO

N.B. While some health conditions are acceptable to us, this is on condition that the Licensing Authorities have been notified where required and have issued a licence having assessed the person's fitness to drive. Advice should be sought from a GP if any driver is in any doubt as to whether a health complaint needs to be notified to the Licensing Authorities.

WHO WILL DRIVE?

N.B. Complete Question 2 in all cases.

1. Please select and indicate in the appropriate box the Driver Option required.

NAMED DRIVER OPTIONS

- a) Yourself
- b) Yourself and Spouse
- c) Yourself and 1 Named Driver
- d) Yourself and 2/3 Named Drivers

ANY DRIVER OPTION (Not available for Third Party or Third Party Fire & Theft Cover)

- e) Any Driver

N.B. Comprehensive cover excludes Accidental Damage cover for **UNSPECIFIED** Drivers aged under 25.

2. In every case please give details of ALL persons who you know will drive the car, even if only driving occasionally.

Drivers	Full Name	Date of Birth	Precise occupation (including any part-time or casual) and nature of duties	Type of Isle of Man or UK Licence held (Full or Prov)	Date passed Isle of Man or UK driving test	Who is the Main Driver of this car (please tick)	Approximate Future Annual Mileage (per Driver) in this car
Yourself		/ /					
Your Spouse		/ /					
Other Drivers		/ /					
		/ /					

TICK BOX
YES NO

3. Do any of the above Drivers hold a Pass Plus Certificate? YES NO
If 'YES', please attach a copy of the Certificate.

IF YOU HAVE TICKED ANY OF THE SHADED BOXES PLEASE GIVE FULL DETAILS IN THE ADDITIONAL INFORMATION SECTION

NO CLAIM DISCOUNT Please answer where appropriate.

TICK BOX
YES NO

1. Are you entitled to No Claim Discount?
 If 'YES', please attach the latest renewal notice from your previous Insurance Company.
2. Do you require No Claim Discount Protection
N.B. Available with Comprehensive cover only.
 If you are not entitled to No Claim Discount and have requested Comprehensive cover, you may be eligible for an **Introductory** No Claim Discount. If so, please complete the following Question.
3. In the last 3 years have you or the main user of the car:
- a) Owned a car?
- b) Regularly driven cars belonging to others?

LAWCARE

TICK BOX
YES NO

Do you wish to have LawCare?

DRIVING ABROAD

Full policy cover applies in the EU and in certain other European Countries for up to 60 days in any one visit.

TICK BOX
YES NO

Do you wish this period of 60 days to be extended?

ADDITIONAL INFORMATION

If you have ticked ANY of the shaded boxes on this Proposal Form please give FULL details here or on a separate sheet of paper (attach details). Please state Question number.

IMPORTANT

Please read the following carefully before you sign and date the Declaration.

- The questions on this form and any other details we specifically request, relate to facts considered material to underwriting the insurance. If you answer them fully and honestly you will be considered to have fulfilled your duty to disclose material facts. Failure to do so may invalidate your insurance. If in response to any of these questions you are in any doubt whether a fact is material you should disclose it. Please note that you are not required to disclose convictions regarded as spent by virtue of the Rehabilitation of Offenders Act 2001 (1974 UK).
- You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.
- A copy of your completed Proposal is available on request.

Please tick box if required

- **Data Protection Notice**

All personal information supplied by you will be treated in confidence by Tower Insurance Ltd and the RSA Insurance Group of companies and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in data systems of the RSA Insurance Group of companies or our agents or subcontractors.

The RSA Insurance Group of companies may pass your personal data to other companies for processing on its behalf. Some of these companies may be based outside Europe in countries which may not have laws to protect your personal data, but in all cases the Group will ensure that it is kept securely and only used for the purposes for which you provided it. Details of the companies and countries involved can be provided to you on request.

Claims History

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI).

The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with a request for insurance, we may search these registers.

Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident, we will pass information relating to it to the registers.

We may search these databases when you apply for insurance, in the event of any incident or claim, or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

How to contact us

On payment of a small fee you are entitled to receive a copy of the information we hold about you. If you have any questions, or you would like to find out more about this notice you can write to: Managing Director, Tower Insurance Company Limited, P O Box 27, Jubilee Buildings, 1 Victoria Street, Douglas, Isle of Man. IM99 1BF. Telephone No. 01624 645900.

- The Insurers reserve the right to confirm driving licence details with the Isle of Man Government Department of Transport Licensing Department and/or the DVLA in the UK.
- **Law Applicable**

Unless the parties have agreed otherwise in writing any dispute concerning the interpretation of the Policy shall be governed and construed in accordance with Manx law and shall be resolved within the non-exclusive jurisdiction of the courts of Isle of Man.

DECLARATION

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand.

- I/We declare to the best of my/our knowledge and belief that the answers given are true and all material information as explained has been disclosed.
- I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent and acting on my/our behalf, and not the agent of Tower Insurance.
- I/We declare that the vehicle(s) to be Insured shall not be driven by any person who to my/our knowledge has been refused insurance or renewal of Insurance.
- I/We agree that the information provided on the Proposal Form and any information supplied by me/us shall be incorporated in and form part of the insurance contract.
- I/We understand that you will pass the information on this form and about an incident I/we may be involved in to IDS Ltd and ABI so that they can make it available to other insurers. I/We also understand that, in response to any searches you may make in connection with this application or any incident I/we have given details of, IDS Ltd and ABI may pass you information it has received from other insurers about other incidents anyone insured to drive the vehicle covered under the policy have been involved in.

Signature of
Proposer(s) and
Position in Company

Date

This insurance will not commence until the Insurers have indicated their acceptance of the Proposal and a Cover Note or Certificate of Motor Insurance has been delivered. The Insurers reserve the right to decline any Proposal.

PLEASE INITIAL ANY ALTERATIONS ON THIS PROPOSAL FORM.