

Third Party Road Section Declaration Form

Name and Date of Event.....

Type of Event.....

Name of Driver requiring cover

I do not have the Third Party Road Section extension on my current Motor Insurance.....

I declare that (delete as appropriate):

- I am aged 20 or over..... YES/NO
- I have had no more than 1 fault claim in the last 3 years..... YES/NO
- I have no more than 6 conviction points on my licence..... YES/NO
- I have the appropriate competition licence as well as a UK/EU driving licence
And if my licence is provisional I will be supervised by an adult over 25..... YES/NO
- I have no Mental or Physical disabilities..... YES/NO
- I have no other Material Facts to disclose (See Notes overleaf)..... YES/NO

If you cannot comply with any of the above points please give a full explanation below detailing full conviction codes/dates of convictions or accidents/fines etc:

Please Include Date of Birth:

.....

DATA PROTECTION

By signing this proposal form you consent to Jelf Insurance Partnership using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us and insurers (which includes their re-insurers, legal advisers, loss adjustors or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where appropriate, in compliance with the relevant Data Protection legislation. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Partnership House, Priory Park East, Kingston upon Hull, HU4 7DY Tel 01482 213215 Fax 01482 213216

Jelf, Jelf Insurance Partnership, Jelf Motorsport, Jelf Claims Consultancy and ReAct Insurance are trading names of Jelf Insurance Brokers Ltd (Reg No. 0837227) which is part of Jelf Group plc (Reg No. 2975376) and is authorised and regulated by the Financial Conduct Authority (FCA). Registered address: Hillside Court, Bowling Hill, Chipping Sodbury, Bristol BS37 6JX (Registered in England and Wales). Not all products and services offered are regulated by the FCA.

From time to time, we may disclose personal information (other than sensitive personal data) to other Jelf Group companies. We or they may use that information to advise you of our services which may be of interest to you.

Would you like to receive this information..... YES/NO

IMPORTANT:

Material Facts are those facts likely to influence the Acceptance or assessment of your risk by the Insurer. Failure to disclose Material Facts may lead to the Insurer declaring the insurance cover put in place to be null and void. If you are in any doubt about facts that may be considered to be material these should be disclosed for your own protection. All Material Facts must be Disclosed.

I understand that some of the information I have given may be made available to other Insurers and to credit Reference and other agencies for risk assessment claims handling and fraud prevention purposes.

I/We declare that the above statements are true, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to insurer's consideration of this proposal and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed.

I/We understand that the information provided will be used to calculate the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I/We hereby consent to the use and disclosure of information including personal data for the purposes of the insurance as well as what is set out in the above paragraph entitled "Data Protection"

I declare that the statements made in this declaration are true and accurate to the best of my knowledge and all material facts have been disclosed. If any part of this declaration has been completed by any other Person, such person shall be deemed to be my agent and not an agent of the Insurer. I agree that this declaration shall be incorporated into the contract between me and the Insurer. I further agree that the vehicle(s) to be insured shall not be driven by any person who to my knowledge has been refused motor vehicle insurance or continuance thereof.

SIGNATURE.....

DATE.....

CONTACT EMAIL ADDRESS.....

NB: The Insurer reserves the right to decline any declaration or to impose special terms should they be required

Insurer: Markerstudy Insurance Company Ltd

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