

DECLARATION FORM FOR COMPETITORS THIRD PARTY ROAD RISKS

1 I have not extended my Own Private Motor Insurance but require Cover under the Lockton Scheme.

I declare that :

- 1.1 I am over 21 years of age and held a full licence for at least 6 months.
- 1.2 I have had no more than 1 Fault Accident in the last 3 Years.
- 1.3 I have had no convictions other than a Maximum of 6 Speeding Points.
- 1.4 I have no Physical or Mental Disabilities.
- 1.5 I have no other Material Facts to Disclose (See Important Note below)

If you are unable to comply with any of the above please explain why below providing full details of conviction codes/dates of conviction/fines etc and advise your name and address where indicated.

Name:

Address:

*Motor Sports Risk Services
A Division of Lockton Companies LLP
19 Spring Gardens
Manchester
M2 1FB*

DATA PROTECTION

By signing this proposal form you consent to Lockton Companies LLP 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.

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

If you would prefer not to receive information, please tick this box

IMPORTANT: All Material Facts must be Disclosed. Material Facts are those likely to influence the Acceptance or assessment of your risk. Failure to disclose Material Facts may lead to the Insurer Declaring the resultant cover 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.

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 and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to insurer's consideration of this proposal form 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 I/We provide will be used in deciding 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 and as set out in the above paragraph entitled "Data Protection"

I declare that the statements made in this declaration are true and complete to the best of my knowledge and belief and all material facts have been disclosed. If any part of this declaration has been filled in 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:

NB: The Insurer reserves the right to decline any declaration or to impose special terms.

Insurer: LIBERTY SYNDICATES MANAGEMENT LIMITED
