



Proposer Details about you Quotation Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Birth	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Employment Status	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Nature of Business	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Precise Occupation	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Part time Occupations	<input type="text"/>
Is this a house that you own or are buying with a mortgage?			Do you hold a full UK driving license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Tel No. Home	<input type="text"/>

Have you or any member of your family residing with you:

(a) had any property or possessions stolen, lost or damaged or had any claims made against you in the last 5 years whether it resulted in an insurance claim or not? Yes No

(b) ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required, special conditions imposed or been requested to take additional precautions by any insurer? Yes No

(c) ever been convicted of or charged (but not yet tried) with any criminal offence other than motoring offences? Yes No

(d) ever been declared bankrupt or had any unsatisfied County Court judgement made against you? Yes No

In connection with your motor insurance have you ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required, special conditions imposed by any insurer? Yes No

If you have ticked any of the shaded boxes please provide full details on the back of this form.

Caravan and equipment

Make <input type="text"/>	Model <input type="text"/>	Which Caravan or owners club are you a member of ? <input type="text"/>
Chassis/CRIS No. <input type="text"/>	Year <input type="text"/>	Membership No. <input type="text"/>
Please state the manufacturer of your hitch or wheel lock. <input type="text"/>		Do you have additional electronic security? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever held or do you hold any caravan insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Additional security details eg Alarm, Datatag or Tracker <input type="text"/>
Insurer <input type="text"/>		Where is your caravan kept Address & postcode <input type="text"/>
How many years have you been continuously insured? <input type="text"/>		Caravan & equipment sum insured <input type="text"/>
For how many years have you been claim free ? <input type="text"/>		Personal effects sum insured <input type="text"/>
Policy Number <input type="text"/>		Audio visual sum insured <input type="text"/>
Renewal date <input type="text"/>		Total Sum insured <input type="text"/>
Please give details of your previous insurers (if you are claiming an introductory discount please give full details of your insurers for the last three years. We reserve the right to contact your previous insurers to verify information contained in this form		<input type="checkbox"/> New For Old <input type="checkbox"/> Market Value
	If your caravan is less than two years of age at inception and less than five years old you may opt for new for old cover. In this case the Caravan sum insured must be the new list price of the nearest replacement model. Tick box.	Does the caravan have Twin or Single Axles <input type="checkbox"/> Single <input type="checkbox"/> Twin

Are any of the caravans appliances fired other than by bottled gas or electricity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the caravan owned by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the caravan in a good state of repair and will it be so maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the caravan used for trade or business purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the caravan used as a permanent residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date cover required from

If you have ticked any of the shaded boxes please provide full details at the base of this form or overleaf.

Declaration to be completed by the proposer in all cases

Please sign here and read and sign the declaration on page 2.

Signature

Date

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Important Note

You are reminded that it is essential you provide all material information likely to influence the acceptance and assessment of this insurance. If you have any doubts as to whether a fact is material it should be disclosed. Failure to disclose any material facts may invalidate your policy or may result in your policy not operating fully.

YOUR INFORMATION

Your Insurer

You are giving your information to NIG who is a member of The Royal Bank of Scotland Group (The Group)
For information about our Group of companies please visit www.rbs.com and click on 'About Us', or for similar enquiries please telephone 0131 556 8555 or Textphone 0845 900 5960.

Your electronic information

If you contact us electronically, we may collect your electronic identifier e.g. Internet Protocol (IP) address or telephone number supplied by your service provider.

How we use your information and who we share it with.

We will use your information to manage your insurance policy, including underwriting and claims handling. This may include disclosing it to other insurers, third party underwriters, suppliers, loss adjusters and reinsurers. Your information includes data about your transactions.

We may use and share your information with other members of the Group to help us and them:

-assess financial and insurance risks;

-recover debt;

-prevent and detect crime;

-develop services and systems.

We do not disclose your information to anyone outside the Group except:

-where we have your permission; or

-where we are required or permitted to do so by law; or

-to other companies who provide a service to us or you; or

-where we may transfer rights and obligations under this agreement.

We may transfer your information to other countries. If we do this we will ensure that anyone to whom we pass it provides an adequate level of protection.

Sensitive Information

Some of the personal information we ask you for may be sensitive personal data, as defined by the Data Protection Act 1998 (such as information about health or criminal convictions). We will not use such sensitive personal data about you or others except for the specific purpose for which you provide it and to provide the services described in your policy documents.

Please ensure that you only provide us with sensitive information about other people with their agreement.

Fraud prevention agencies

If false or inaccurate information is provided and fraud is identified or suspected, details may be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

We and other organisations may also access and use this information to prevent fraud and money laundering, for example when:

-checking applications for, and managing credit and other facilities and recovering debt;

-checking insurance proposals and claims;

-checking details of job applicants and employees.

We, and other organisations that may access and use information recorded by fraud prevention agencies, may do so from other countries.

We can provide the names and addresses of the agencies we use if you would like a copy of your information held by them. Please contact us at NIG, Crown House, 145 City Road, London EC1V 1LP.

The agencies may charge a fee.

If you would like a copy of the information we hold about you, either telephone 0845 300 1269 or write to us at NIG, 9 Geneva Street, Peterborough PE1 2RW and ask for a Subject Access Request Form (SAR). Alternatively, you may download a Subject Access Request Form from our internet site at www.nig.com.

I agree that if any answer has been printed or written by any other person, he/she shall be my agent for that purpose. I also confirm that any data which I have supplied in this Form about other persons is given with their knowledge and authorisation.

Declaration I/We declare that:

a) to the best of my knowledge and belief the information given in this proposal form is correct in every detail and if any of this information is printed or written by another person they acted as my Agent for this purpose;

b) the proposed sum(s) insured represent the full value of the property to be insured and will be so maintained during the duration of the policy;

c) I/We agree to accept and conform to the terms and conditions and exceptions of this policy.

d) I consent to the information given in this form and on any claim I/We may make being supplied to fraud prevention agencies so it can be made available to other insurers.

I/We also agree that in response to any searches you may make in connection with this application or any claim, fraud prevention agencies may supply information it has received from other insurers about other claims I/We make.

Signature

Date

**If you have ticked any shaded boxes please provide full details here.
If you require more space you may continue over leaf or on a separate sheet of paper**