



HISTORIC ENDURANCE RALLYING ORGANISATION

INSURANCE PROPOSAL FORM

Date: RA No:

Full Name:
Nationality:

Address:
Mobile Number:

Licence No:

Occupation:

Have you ever had an insurance proposal or policy declined? (If yes please list on reverse) **YES / NO**

Have you ever had special conditions imposed or increased premium on a motor insurance policy? (If yes please list on reverse) **YES / NO**

Do you have/or ever had any physical mental condition or suffered from diabetes, fits or any heart condition? (If yes please list on reverse) **YES / NO**

Have you been convicted of any motoring offences within the last four years, or have you had your licence suspended with the last ten years, or is there any prosecution pending? (If yes please list on reverse) **YES / NO**

Have you had any accidents or made any claims in the past 5 years? (If yes please list on reverse) **YES / NO**

Print Name:

Signature:

Date: