

Third Party Road Section Declaration Form

Name and Date of Event.....

Type of Event.....

Event Organiser.....

Name and Date of Birth 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 driving licence..... YES/NO
- I have the appropriate competition licence as well as a UK/EU driving licence... YES/NO
- 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
- My co-driver is aged 25 or over..... 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. In addition, please provide details of any driving conviction(s)/endorsement(s) including the code(s)/date(s) of conviction(s) or fines along with details of any accident(s)/claims etc:

.....

Please provide the date of birth of your co-driver:.....

DATA PROTECTION

The personal data you provide may be shared with insurers and their agents, financial providers and payment processors, for the purpose of this quotation and the provision of the information relating to your policy and cover. We may use the personal data you provide for legal and regulatory purposes. In some circumstances, the personal data you provide may be transferred outside the European Economic Area. Full information about how we use personal data is included within our Terms of Business.

In order to proceed with this quotation, please confirm your consent to your data being used in this way and confirm that you have obtained the consent of any individuals whose personal data you provide to us

Agree Disagree

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

Jelf, Jelf Insurance Partnership, Jelf Motorsport 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.

IMPORTANT:

If you are a consumer insured (i.e. a person taking out insurance for purposes wholly or mainly unrelated to your business, trade, or profession), and the insurance policy is governed by English law, then you must:

- Take reasonable care to provide complete, accurate, and honest answers to the questions we and your insurers ask, and not to make a misrepresentation, when you take out, make changes to, and renew your policy.
- You should note that if on renewal of your policy you do not meet your insurer's request to confirm or change details you have previously given, this may amount to a misrepresentation.
- Please also tell us if there are any changes to the information set out in the Statement of Fact, Certificate of Insurance (if applicable), or on your Schedule.
- If any of the information provided by you changes after you purchase or renew your policy and during the period of your policy please provide us with details.

Failure to Disclose

If any of the information provided by you is not complete and accurate:

- Your insurer may cancel your policy and treat it as if it never existed; or
- Your insurer may refuse to pay any claim, or
- Your insurer may not pay any claim in full, or
- Your insurer may revise the premium and/or change the compulsory excess, or
- The extent of the cover may be affected.

For motor insurance it is an offence under Road Traffic legislation to provide incomplete or inaccurate information to the questions asked in your application for the purpose of obtaining a certificate of motor insurance.

Insurers recommend you keep a record (including copies of letters) of all information provided to them or us for your future reference.

The above duties arise before the policy is placed, when it is varied or extended and when it is renewed. The duties may also arise during the policy period if the policy contains a condition which requires you to advise your insurer of a specific increase or alteration in risk. If you are not sure whether your insurer needs particular information, we recommend that you provide it to them anyway.

I understand that some of the information I have given may be made available to other Insurers, 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.

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Jelf | Insurance Partnership

SIGNATURE.....

DATE.....

CONTACT TELEPHONE NUMBER.....

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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