

Acrobat Vehicle Rental Ltd  
 Union Lane  
 Kingsclere  
 NEWBURY  
 RG20 4ST  
 Tel: 01635 269148  
 Fax: 01635 269142

# EQUITY RED STAR AT LLOYD'S

## Insurance Proposal for Hirers and Additional Drivers

DRIVER'S FULL NAME \_\_\_\_\_

RENTAL AGREEMENT NO \_\_\_\_\_ (Hirer's Name) \_\_\_\_\_

Date of Birth:
Permanent Address:
Telephone:
Mobile:
Contact Address:
Occupation:
<b>Driving Licence Details</b>
Licence No:
Issuing Authority:
Expiry Date:
No of years full licence held:
Date of Test if within last 2 years:

<p>Have you ever had a proposal decline, a policy cancelled or renewal refused or been required to pay an increased premium or had special conditions imposed by any motor insurer? If so, please give details:</p>	<p>Answer Yes or No</p> <input type="checkbox"/>								
<p>Have you been convicted of any motoring offence during the past five years, or had your licence suspended during the past ten years, or is a prosecution pending? If so, please give details:</p>	<p>Answer Yes or No</p> <input type="checkbox"/>								
<p>Have you had any accidents and/or claims in the past 36 calendar months? If so, please complete panel below.</p>	<input type="checkbox"/>								
<table border="1"> <thead> <tr> <th>No of claims</th> <th>Amount of Own Damage</th> <th>Third Party</th> <th>No of Claims Outstanding</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	No of claims	Amount of Own Damage	Third Party	No of Claims Outstanding					
No of claims	Amount of Own Damage	Third Party	No of Claims Outstanding						
<p>Have you any physical or mental disability or infirmity or suffered from diabetes, fits or any heart complaint. If so, please give details:</p>	<p>Answer Yes or No</p> <input type="checkbox"/>								

### DECLARATION

I declare that the information given above is to the best of my knowledge and belief correct and complete in every detail and this declaration shall together with the Rental Agreement form the basis of the contract of insurance.

Signature .....

If signing on behalf of a company or firm, please state position held

Date .....

### VERY IMPORTANT

You are reminded of the need to disclose any facts which the Insurer would take into account in the assessment and acceptance of this form.

Failure to disclose all relevant facts may invalidate this insurance or may result in the policy not operating fully.

It is an offence under the Road Traffic Acts to make any false statement or withhold any material information for the purpose of obtaining a certificate of motor insurance.