

RISK MANAGEMENT COMPANY for INDEPENDENTS (IRELAND) LTD.

Mount Corballis C.4, Rathdrum, Co. Wicklow Tel. 0404 43166 Fax 0404 43167 E-mail rmci@unison.ie

CBAI - Motor insurance application form

SECTION A

DETAILS OF INSURED

Name: Mr./Mrs./Ms. _____

CBAI Aff. No.: _____

Date of Birth: __/__/__

Address:

Occupation: _____

Street: _____

Tel. No. _____

Town: _____

Fax. No. _____

County: _____

E-Mail _____

Claims History (last 5 years):

Full License: Y/N

No Claim Bonus: ____%

Penalty Points Y/N If Yes Why _____

Convictions Y/N If Yes Why _____

Other Named Driver:

Mr./Mrs./Ms. _____

Full License: Y/N

Date of Birth: __/__/__

Penalty Points Y/N If Yes Why _____

Convictions Y/N If Yes Why _____

SECTION B:

DETAILS OF CAR

Commercial/Private

Make: _____ **Model:** _____ **Value: €** _____

Litre Engine: _____ **Registration No.:** _____

Cover Required: Comprehensive/ Third Party Liability/ Fire Theft/ Other

Address where car is kept if different from above: _____

DETAILS OF 2nd CAR

Commercial/Private

Make: _____ **Model:** _____ **Value: €** _____

Litre Engine: _____ **Registration No.:** _____

Cover Required: Comprehensive/ Third Party Liability/ Fire Theft/ Other

Address where car is kept if different from above: _____

Renewal Date of Existing Policy(ies): 1) ___/___/___ 2) ___/___/___

Current Insurer(1): _____ Current Premium(1): € _____

Current Insurer(2): _____ Current Premium(2): € _____

Signed: _____

Date: ___/___/___

The information provided to RMCI in writing or otherwise by or on behalf of the client is the basis of and will be deemed to be part of the contract.

RMCI and/or the Company will be entitled to void any insurance where the information provided is incorrect.

