Motorcycle

Statement of Fact

Policy number: Broker agency number: Effective date and time:



These are the details supplied by you and form the basis of your contract of insurance. If the details are correct there is no need to take any further action. However, you should store this document in a safe place for future reference. If any details are incorrect or incomplete, please contact your broker and notify them of any errors. If the risk remains acceptable they will issue a further statement of fact showing the correct details. If you provide false or incorrect information, withhold information or fail to inform us of any errors, your policy could be cancelled or declared void or we may refuse to pay a claim.

You, the Proposer										
Name of proposer										
Postal address Postal address										
Postcode										
Occupation (including part-time)										
Nature of business Employment Status										
Daytime telephone number Evening telephone number										
Marital Status										
Your Motorcycle (Additional motorcycles may be added on the final page of this document)										
Registration number Make/Model Cubic rapacity Make Purchase date Estimated value Value of accessories Cover of the control of	quired									
Are there any changes from the manufacturer's Post code Where is Vehicle Post Code Additional										
Registration number Are there any changes from the manufacturer's standard specification, such as optional extras or mechanical or cosmetic customisation? Post code where kept overnight overnight Passengers Required Additional Foreign Use Required	Main User									
Are any Security Devices, other than the What is the expected a										
	your motorcycle? (Miles)									
If you have stated that your motorcycle will be garaged and a theft or attempted theft occurs within 500 meters or the declared garaging address, we may double the compulsory excess that applies or not pay any amount for the theft or attempted theft. If this term applies, it will be shown as an endorsement in your schedule.										
Use										
Registration number Use Required										
RIDERS										
Full name and title Occupation(s) (incl. part time) Date of birth Motorcycle categories on licence Date test passed How long have you driven regularly in the UK?	Do you hold a current, valid CBT									
	Have you or any person who may drive had an insurance policy declined or any special terms imposed? (If YES, give details)									
Refused/Declined Cancelled/Voided Spec	al Terms Imposed									
The onus is on you to ensure that you and all named riders hold a valid driving licence and CBT (if required) for the motorcycle(s) you are proposing to insure. Failure to hold a valid licence will make this insurance invalid. We reserve the right to request a copy of any rider's licence at any time.										
You must disclose the details of any medical condition or disability that must be revealed to the DVLA, whether the driving licence has been restricted.										

Convictions												
In last five years, Have you or any person who may drive been convicted of any motoring offence (including fixed penalties), been disqualified from driving or are there any prosecutions pending? IF YOU HAVE ANSWERED YES, PLEASE PROVIDE DETAILS BELOW												
	Name of Driver		Offen	ce Cod			te of ence	Date of Conviction	Pena Poir		Fine	Disqualification Period(Months)
Non-motor Convictions												
Has anyone who may drive been convicted or charged (but not tried) of any non-motoring offence? If YES, give details												
	Name of driver		Offence Date		Offence Type		Sentence Type		e	Length of Sentence (Years)		Early Release Date
Insurance History												
	Registration Number	Nar	me of Previous Ins	urer	Policy Number		Expiry Dat	e No Clair	No Claim Bonus Entit (Years)		Do you	ı require Protected No Claim Bonus?
Į												
Accidents/Claims/Losses												
Have you or any person who may drive had any accidents/claims/losses (whether to blame or not) in connection with any motor vehicle during the last five years? If YES please give details below.												
	Name of Dr	Name of Driver Date		Ві	Brief Details			To	otal Repair C	ost	Was there a personal Injury Claim?	
Additional Information (use a compute short of users if users use)												
Additional Information (use a separate sheet of paper if necessary)												
Da	ta Protection Notic	:e										
Please read this notice carefully as it contains important information about the details you will give or have given us. You should show this notice to anyone covered by this												

ERS Syndicate Management Limited is the data controller in respect of your personal information. We will process the details you have given us in line with the UK's Data Protection laws and any other laws that apply. We may work with partner organisations and service providers who are located in other countries, and as a result your information may be processed outside the European Economic Area. In all cases we will make sure that your information is adequately protected.

The UK's Data Protection laws classify information about your medical conditions and criminal convictions as 'special category' personal data. We will use this information to assess your request for insurance, to administer your insurance contract and to deal with any claims. We share information with other insurers, certain government organisations and other authorised organisations for the purpose of insurance underwriting, preventing or detecting fraud, managing claims and managing complaints. However, we will only share 'special category' personal data where it is essential for these purposes.

You can find more information about how we use your personal information on our website: www.ers.com/policy-pages/privacy-policy
If you have any questions please contact the Compliance Officer at 52 – 54 Leadenhall Street, London, EC3A 2BJ or at compliance@ers.com

Declaration

I/We declare that the answers given (on which the underwriters will rely when deciding whether to accept the risk and in fixing the premium) are true to the best of my/our knowledge and belief and that no information has been withheld. I/we also agree that if another person has given any information on this form, he or she acted as my/our agent for this purpose. I/We hereby consent to any information you may have about me/us being processed in accordance with the data protection notice on this form.

Motor Insurance Database

Information about your insurance policy will be added to the Motor Insurance Database (MID) which is managed by the Motor Insurers' Bureau (MIB). Certain government or authorised organisations including the police, the DVLA, the DVLNI, the Insurance Fraud Bureau and other organisations allowed by law may use the MID and the information stored on it for purposes including Continuous Insurance Enforcement (you can get information about this from the Department of Transport), electronic vehicle licensing, law enforcement for the purposes of preventing, detecting, catching or prosecuting offenders and providing government services or other services aimed at reducing the level of uninsured driving. If you are involved in a road-traffic accident (either in the UK, the EEA or certain other territories), insurers or the MIB (or both) may search the MID to gather relevant information. Anyone making a claim for a road-traffic accident (including their appointed representatives and citizens of other countries) may also gather relevant information which is held on the MID. It is vital that the MID holds your correct registration number. If it is not shown correctly on the MID, you are at risk of having your vehicle seized by the police. You can check that your correct registration number details are shown on the MID at www.askmid.com.

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