



# ABBOTT INSURANCE

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## VRP / GAP Application Form

Client Name	
Current Insurer	
Due Date	
Target Premium	
Abbotts' Contact	

Please complete all questions as fully as possible and return the form to any Abbott Insurance office. This form is available in paper, Adobe PDF or Microsoft Word 97 making it easier to post, fax or email. Please ask for details.

If you would like this form in large print, please call  
01383 511442



## CONTACT DETAILS

### Client Name & Status

1.	Contact Name			
	Occupation			
	Business Name			
	Status	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership	
		<input type="checkbox"/> Limited Company	<input type="checkbox"/> Registered Charity	
		<input type="checkbox"/> Private Individual	<input type="checkbox"/> Executor of Estate	
	Correspondence Address			
	Telephone		Postcode	
	E-mail		Fax	
		Web Site	www.	

## DEMANDS & NEEDS

2. This Application Form is fundamental to our research for insurance cover that meets the demands & needs of a vehicle owner who wishes to have insurance cover in place to:
- ✓ protect the investment in their vehicle following an insured total loss
- The details in this Application Form records the information you have supplied to allow us to select an insurance company and insurance product that meets your requirements. The information recorded in this document has been material in our assessment of
- 1) your eligibility for insurance policies available,
  - 2) the terms and conditions applying to the policies being offered or recommended;
  - 3) the insurance premium quoted.
- Please check this document carefully. If there are any errors or omissions, please contact us immediately. Failure to do so could result in the subsequent insurance policy being invalidated from inception or a claim being repudiated.

## VEHICLE DETAILS

### Vehicle

3.	Make	<input type="text"/>	Model	<input type="text"/>
	Engine Size	<input type="text"/>	Gross Vehicle Weight	<input type="text"/>
	Date of Purchase	<input type="text"/>	Value	<input type="text"/>
	Date of First Registration	<input type="text"/>	Is the purchase financed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Registration Number	<input type="text"/>	Present Mileage	<input type="text"/>

## COVER DETAILS

### Select Limit

4.	VRP (£25,000)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Start Date	<input type="text"/>	£249
	VRP (£10,000)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Start Date	<input type="text"/>	£199

VRP is a single premium covering a contract for 3 years.

This can be extended to 4 years, at inception only, upon payment of an additional premium.

The price includes insurance premium tax at the current rate.

## CLAIMS HISTORY

### Claims History

5. Please give details of all motor vehicle insurance claims in the past 5 years. Use the additional space below if required.

No.	Date	Amount	Detail
1		£	
2		£	
3		£	
4		£	
5		£	

## MATERIAL INFORMATION

Please note your obligations with respect to material facts. Material facts are those which may affect the insurers assessment of the risk. This duty of disclosure is imposed on policyholders by the legal principle of Utmost Good Faith and clauses in the policy. It arises at inception, renewal and whenever previously disclosed facts change. If you are in doubt as to whether a fact is one that you should disclose, you should declare it to Abbott Insurance regardless.

You should advise us as soon as reasonably practicable of any changes in your circumstances that may affect the services to be provided by Abbott Insurance, or the cover provided under your insurance policy.

## DECLARATION

1. I/We declare that

- (a) this application form has been completed after proper enquiry;
- (b) its contents are true and accurate
- (c) all matters which may be relevant to the consideration of your needs for insurance have been disclosed.
- (d) the proposer has never
  - i) had insurance refused, renewal declined or special terms applied
  - ii) had any criminal convictions, prosecutions pending or subject to an investigation that may lead to prosecution (other than motoring offences)
  - iii) been declared bankrupt or insolvent or been disqualified from being a company director

2. I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

3. I/We agree that completing this application form does not bind the broker or the insurer into entering into a contract of insurance and that insurance is not in place until the application has been accepted by insurers.

**Signature of Proposer**

**Date**

**A copy of this form should be retained for your records.**