



### MOTOR INSURANCE PROPOSAL FORM

Date(s) of Hire	Collection Date:	Return date:
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National Insurance Number:
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Full Name:
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Nationality:	Date of Birth:
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Address:
Post Code:

Mobile Number:	Driving License Number:
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Occupation:
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Have you ever had an insurance proposal or policy declined? <i>(If yes please list on reverse)</i>	YES / NO
Have you ever had special conditions imposed or increased premium on a motor insurance policy? <i>(If yes please list on reverse)</i>	YES / NO
Do you have/or ever had any physical mental condition or suffered from diabetes, fits or any heart condition? <i>(If yes please list on reverse)</i>	YES / NO
Have you been convicted of any motoring offences within the last four years, or have you had your licence suspended with the last ten years, or is there any prosecution pending? <i>(If yes please list on reverse)</i>	YES / NO
Have you had any accidents or made any claims in the past 5 years? <i>(If yes please list on reverse)</i>	YES / NO

Print Name:	Signature:
Date:	

By ticking this box, I confirm that the above information is true and accurate.

By ticking this box, I agree that I have read the privacy policy and consent to the completed information above, to being used by HERO-ERA and partner companies, to arrange insurance cover on my behalf.

HERO-ERA is a trading name of HERO Events Ltd

**HERO Events Limited**

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