

AmTrust Europe Limited  
Market Square House  
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Nottingham NG1 6FG

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Registered No. 1229676

Member of the Association of British Insurers  
Authorised and regulated by the Financial Services Authority

**1 Contact Details**

Agent's name:

Agency number:

**Please complete all sections of this proposal form**

Miss/Mrs/Mr

Full name(s) of proposer(s):

Address:

Postcode:

Occupation:

Date of birth:

**2 Insurance commencement**

Time:  am/pm

DD/MM/YYYY:  /  /

**Cover cannot commence until the fully completed proposal form has been accepted by AmTrust Europe and the premium paid.**

**3 Caravan details**

the

Please check that your make of caravan does not appear on the non-acceptable list shown in introduction before proceeding.

Make:

Model:

Twin Axle: Yes  No  (We can only accept UK manufactured Twin Axle caravans).

Model Year:

Date of purchase:  /  /

CRiS/Serial number:

**(pre 92) or CRiS number (17 digits etched on window).  
Cover will not be given unless this information is provided.**

**4 Sums Insured and premium**

a Caravan value £:

**its structure, fixtures and fittings including fixed motor movers. (Please see introduction for details).**

b Awning £:

c Contents £:

**including portable motor movers (Single article limit £250). (Please see introduction for details).**

**Note: The total sum insured of the caravan and awning cannot exceed £20,000.**

**5 No Claims Discount**

1 year  2 years  3 years

**Please see over**



If you have ticked any of the shaded boxes please give full details and refer to IGI via your broker.

Question No.  Details:

Question No.  Details:

(Please continue on separate sheet if necessary).

**IMPORTANT - DISCLOSURE OF MATERIAL FACTS**

All material facts known to you must be disclosed. A material fact is one which would be likely to influence an Insurer in the assessment and acceptance of the proposal. Should you have any doubt as to whether a fact is material it should be disclosed for your own protection as failure to disclose such facts will invalidate the policy.

You are recommended to keep your own record (including copies of letters) of all information supplied to us in arranging this insurance. A copy of your completed proposal form is available upon request.

**DECLARATION**

I declare that to the best of my knowledge all the information provided in connection with this proposal is correct and complete. I agree that this policy is for insurance in the normal terms and conditions of the Insurers and forms the basis of the contract between me and AmTrust Europe Limited. I agree that this proposal form is subject to AmTrust Europe Limited's approval.

**DATA PROTECTION ACT 1998**

I/We hereby consent to any information you may have about me/us being processed by you for the purposes of providing insurance and claims handling, which may necessitate you providing information to third parties.

Signature of Proposer(s):

Date:

**PAYMENT**

Payment can be made either to your intermediary or to AmTrust Europe Limited or by completing the attached Direct Debit Mandate.

Please be aware that each product you have applied for will be deducted separately, however you need only complete the one Direct Debit form.

**DIRECT DEBIT GUARANTEE**

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit AmTrust Europe Limited will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request AmTrust Europe Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request

- If an error is made in the payment of your Direct Debit by AmTrust Europe Limited or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when AmTrust Europe Limited asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

**DIRECT DEBIT INSTRUCTION**

Instructions to your Bank or Building Society to pay by Direct Debit. Please fill in the form using a ball point pen and send to:

AmTrust Europe Limited  
Market Square House, St James's Street, Nottingham NG1 6FG

Name(s) of Account Holder \_\_\_\_\_

Bank/Building Society Account Number

Branch Sort Code    -

Name and full postal address of your Bank/Building Society  
To the Manager \_\_\_\_\_ Bank/Building Society  
Address \_\_\_\_\_

Postcode \_\_\_\_\_

Originator's Identification Number

Reference Number (For Office Use Only)

Instructions to your Bank or Building Society  
Please pay AmTrust Europe Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with AmTrust Europe Limited and if so, details will be passed electronically to my Bank/Building Society.

Signature(s) \_\_\_\_\_

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Banks and Building Societies may not accept Direct Debit instruction for some types of accounts.