

MULTIPLAN PROPOSAL FORM



**** INCOMPLETE PROPOSAL FORMS WILL BE RETURNED AND MAY DELAY THE ISSUE OF YOUR ANNUAL DOCUMENTS ****

1. PROPOSER

PROPOSER / COMPANY NAME / TRADING TITLE
(PLEASE ENSURE FULL & CORRECT TITLE IS PROVIDED) _____

RISK / BUSINESS ADDRESS: _____

DESCRIPTION OF BUSINESS/OCCUPATION OR TRADE: _____

DATE OF BIRTH: ____ / ____ / ____ PHONE/CONTACT NO: _____ RENEWAL DATE: ____ / ____ / ____

NO OF YEARS IN BUSINESS: _____ VAT REG No: _____ NATIONAL FLEET DATABASE UID: _____

2. VEHICLES - COVER REQUIRED Yes No **AS PER SCHEDULE ATTACHED** (MUST INCLUDE THE BELOW INFORMATION)

REG NUMBER	MAKE / MODEL	TYPE OF BODY	YEAR OF MAKE	CARRYING CAPACITY (TON)	GROSS VEHICLE WEIGHT (TON)	USE: HIRE & REWARD / OWN GOODS	ESTIMATED PRESENT VALUE	TERRITORIAL LIMITS IRL/UK OR IRL/UK/EU	COVER: TPO / AD / TPF&T / COMP	EARNED NO CLAIMS BONUS
							€			
							€			
							€			
							€			
							€			
							€			
							€			

1) WHAT IS THE TOTAL NUMBER OF THE FOLLOWING TYPE OF VEHICLES OWNED / OPERATED BY YOU?
HAULAGE VEHICLES _____ OWN GOODS VEHICLES _____ SPECIAL TYPES _____ PRIVATE CARS _____

2) HAS A CERTIFICATE OF ROADWORTHINESS BEEN ISSUED IN RESPECT OF ALL VEHICLES/TRAILERS WHICH ARE SUBJECT TO STATUTORY VEHICLE TESTING REGULATIONS AND ARE BEING PROPOSED FOR THIS INSURANCE? Yes No

3) ARE ALL THE PROPOSED VEHICLES REGISTERED IN YOUR NAME AND OWNED BY YOU? Yes No

4) IS THERE A CRANE, HOIST, OR ANY OTHER TYPE OF LIFTING EQUIPMENT ATTACHED TO ANY OF THE ABOVE VEHICLES? Yes No
IF YES PLEASE SPECIFY THE SPLIT IN VALUE BETWEEN VEHICLE AND ATTACHMENT? _____
IF YES PLEASE SPECIFY TYPE OF EQUIPMENT & USE? _____

5) HAS ANY VEHICLE OR TRAILER BEEN MODIFIED/ADAPTED/CONVERTED FROM THE MANUFACTURERS SPECIFICATIONS? Yes No

6) ARE ANY OF THE PROPOSED VEHICLES LEFT HAND DRIVES? (IF SO PLEASE CONFIRM WHICH VEHICLES) Yes No

7) WILL ANY OF THE PROPOSED VEHICLES BE USED 'AIRSIDE' OR IN CLOSE PROXIMITY TO ANY AIRCRAFT? Yes No

3. TRAILERS - COVER REQUIRED Yes No **AS PER SCHEDULE ATTACHED** (MUST INCLUDE THE BELOW INFORMATION)

TOTAL NO. OF TRAILERS OWNED BY YOU _____ TOTAL NO. OF TRAILERS TO BE COVERED _____

OWN (SPECIFIED) <u>OR</u> THIRD PARTY (UNSPECIFIED)	MAKE/MODEL	SERIAL NO (OWN TRAILERS)	TIPPING TRAILER?	COVER REQUIRED: TPO / TPF&T / COMP	ESTIMATED PRESENT VALUE:
			YES <input type="checkbox"/> NO <input type="checkbox"/>		€
			YES <input type="checkbox"/> NO <input type="checkbox"/>		€
			YES <input type="checkbox"/> NO <input type="checkbox"/>		€
			YES <input type="checkbox"/> NO <input type="checkbox"/>		€

4. ACCIDENTS / CLAIMS **AS PER ATTACHED CLAIMS EXPERIENCE**

GIVE BRIEF DETAILS OF ALL ACCIDENTS, CLAIMS & LOSSES, WHETHER TO BLAME OR NOT, DURING THE LAST 5 YEARS RELATING TO ALL TYPES OF COVER FOR VEHICLES / TRAILERS OWNED, OPERATED OR DRIVEN BY YOU

DATE OF ACCIDENT	SETTLED AMOUNT	OUTSTANDING RESERVE	MOTOR / TRAILER CLAIMS - GIVE BRIEF DETAILS OF EACH OCCURRENCE (IF INSUFFICIENT SPACE, PLEASE USE A SEPARATE SHEET OR ATTACH CLAIMS EXPERIENCE)
	€	€	
	€	€	
	€	€	

5. DRIVERS

1) DO YOU CHECK LICENCE & ACCIDENT HISTORY FOR ALL EMPLOYEES INCLUDING PART-TIME / AGENCY DRIVERS? Yes No
 IF 'NO' PLEASE PROVIDE EXPLANATION: _____

2) **ARE THERE ANY DRIVERS (I.E. YOU, DIRECTORS, EMPLOYEES OR ANY OTHER PERSON WHO TO YOUR KNOWLEDGE WILL EVER DRIVE)**

A. WHO ARE UNDER 25 YRS OLD, OVER 70 YEARS OLD OR WHO HOLD A PROVISIONAL LICENCE? (IF 'YES' PROVIDE DETAILS BELOW) Yes No

DRIVERS NAME	DATE OF BIRTH	TYPE OF EU LICENCE	CATEGORY OF LICENCE
		FULL <input type="checkbox"/> PROV <input type="checkbox"/>	
		FULL <input type="checkbox"/> PROV <input type="checkbox"/>	

B. WHO HAVE ANY CRIMINAL OR MOTOR CONVICTIONS OR PROSECUTIONS, PENDING OR OTHERWISE? (IF 'YES' PROVIDE DETAILS BELOW) Yes No

C. WHO SUFFER OR HAVE SUFFERED FROM ANY LOSS OF LIMB OR EYE, DEFECTIVE VISION OR HEARING, A HEART / DIABETIC / EPILEPTIC CONDITION OR ANY OTHER INFIRMITY THAT MAY AFFECT THEIR ABILITY TO DRIVE? (IF 'YES' PROVIDE DETAILS BELOW) Yes No

DRIVERS NAME	DETAILS OF INCIDENT / OFFENCE / INFIRMITY	LICENCE AUTHORITY ADVISED?
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>

D. WHO CURRENTLY HAVE 4 OR MORE PENALTY POINTS &/OR HAVE HAD ANY ACCIDENTS OR CLAIMS IN THE LAST 5 YEARS? Yes No
 IF 'YES' PLEASE PROVIDE DRIVER DETAILS BELOW OR FOR RISKS WITH 6 OR MORE VEHICLES PLEASE COMPLETE THE FOLLOWING 3 QUESTIONS:

- ARE THERE ANY DRIVERS WHO HAVE HAD ACCIDENTS OR CLAIMS PRIOR TO THIS EMPLOYMENT OR ACCIDENTS / CLAIMS THAT ARE NOT SHOWN ON THE CLAIMS EXPERIENCE? (IF YES PROVIDE DETAILS BELOW) Yes No
- ARE THERE ANY DRIVERS WHO HAVE HAD MORE THAN ONE ACCIDENT / CLAIM? (IF YES PROVIDE DETAILS BELOW) Yes No
- ARE THERE ANY DRIVERS WHO HAVE MORE THAN 4 PENALTY POINTS? (IF YES PROVIDE DETAILS BELOW) Yes No

DRIVERS NAME	DETAILS OF ACCIDENT / CLAIM / PENALTY POINTS (PROVIDE SEPARATE SHEET IF REQUIRED)

****PLEASE PROVIDE COPY OF DRIVERS LICENCE FOR PROPOSER AND ANY DRIVERS OUTSIDE OF THE OPEN DRIVER CRITERIA****

6. GOODS DECLARATION **** N.B. THIS SECTION MUST BE COMPLETED ****

1) WHAT TYPE OF GOODS WILL NORMALLY BE CARRIED: _____
 (PLEASE BE SPECIFIC) _____

2) **HAZARDOUS GOODS:** DO YOU EVER CARRY ANY HAZARDOUS GOODS / CHEMICALS? Yes No
 IF YES TO THE ABOVE PLEASE SPECIFY TYPE AND CLASSIFICATION: _____

MAX PERCENTAGE OF ANY ONE LOAD THAT WOULD CONSIST OF HAZARDOUS GOODS / CHEMICALS: _____ %

7. GAP IN COVER (ONLY TO BE COMPLETED IF THERE HAS BEEN A BREAK IN COVER)

I HEREBY CONFIRM THAT I HAVE NOT HELD MOTOR INSURANCE SINCE THE EXPIRY OF MY POLICY ON ____ / ____ / ____
 BECAUSE _____

DURING THIS TIME I HAVE NOT BEEN INVOLVED IN ANY ACCIDENTS OR CLAIMS, INCURRED ANY CONVICTIONS OR PENALTY POINTS AND I HAVE NO PENDING PROSECUTIONS.

SIGNATURE: _____ DATE: _____

8. COVER (EFFECTIVE DATE & TIME)

COVER REQUIRED WITH EFFECT FROM ____ : ____ HRS ON THE ____ / ____ / ____

9. DECLARATION

HAVE YOU, ANY OF YOUR DIRECTORS OR PARTNERS EVER:

- OWNED, BEEN INVOLVED IN OR HAD DIRECTORSHIP OF ANOTHER COMPANY? Yes No
IF YES PROVIDE DETAILS: _____
- HAD A PROPOSAL FOR INSURANCE DECLINED, RENEWAL REFUSED, COVER TERMINATED, SPECIAL TERMS/CONDITIONS IMPOSED BY ANY INSURER? Yes No
IF YES PROVIDE DETAILS: _____
- I/WE DECLARE TO THE BEST OF MY/OUR KNOWLEDGE & BELIEF THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE IN EVERY RESPECT
- I/WE ALSO DECLARE THAT IF ANYTHING ON THIS FORM WAS WRITTEN BY ANOTHER PERSON HE OR SHE ACTED AS MY/OUR AGENT FOR THIS PURPOSE
- I/WE AGREE THAT THIS PROPOSAL AND DECLARATION SHALL BE THE BASIS OF THE CONTRACT BETWEEN ME/US AND THE UNDERWRITERS WHO ARE ACTING ON BEHALF OF THE PARTICIPATING INSURERS
- I/WE DECLARE THAT I/WE WILL NOT KNOWINGLY CARRY OR STORE ANY HAZARDOUS GOODS OR CHEMICALS AS DEFINED IN THE EUROPEAN AGREEMENT FOR THE CARRIAGE OF DANGEROUS CHEMICALS BY ROAD (ADR), UNLESS THE DETAILS OF WHICH HAVE BEEN DISCLOSED TO AND AGREED BY INSURERS.
- I / We HEREBY AUTHORISE THE LICENCE AUTHORITY TO RELEASE ANY INFORMATION OF MY/OUR LICENCE RECORDS TO WRIGHTWAY UNDERWRITING LIMITED

PROPOSERS SIGNATURE: _____

DATE: _____

NOTE: IF THE RISK IS A LIMITED COMPANY THE PROPOSAL FORM MUST BE SIGNED BY A DIRECTOR OF THE COMPANY

PRINT NAME: _____

POSITION HELD IN COMPANY: _____

(IF THE RISK IS A LIMITED COMPANY)

IMPORTANT NOTICE: FAILURE TO DISCLOSE MATERIAL FACTS COULD RESULT IN YOUR CONTACT BEING INVALIDATED. MATERIAL FACTS ARE THOSE FACTS WHICH MIGHT INFLUENCE THE ACCEPTANCE OR ASSESSMENT OF YOUR PROPOSAL. IF YOU ARE IN DOUBT AS TO WHETHER A FACT IS MATERIAL YOU SHOULD DISCLOSE IT. A COPY OF THIS PROPOSAL FORM IS AVAILABLE ON WRITTEN REQUEST WITHIN THREE MONTHS FROM THE INCEPTION DATE OF THE POLICY(S)

QUICK CHECK LIST

- ARE ALL THE QUESTIONS FULLY ANSWERED, INCLUDING SECTION 8 – GOODS DECLARATION?
- IS THE SCHEDULE OF VEHICLES & / TRAILERS ATTACHED (IF DETAILS HAVE NOT BEEN COMPLETED ON THE PROPOSAL FORM)?
- IS THE FULL & COMPLETE OFFICIAL CLAIMS EXPERIENCE OR ORIGINAL NO CLAIMS BONUS ATTACHED?
- IS A COPY OF THE PROPOSERS DRIVING LICENCE (FRONT & BACK) ATTACHED?
- ARE COPIES OF DRIVERS LICENCES (FRONT & BACK) FOR ANY DRIVERS OUTSIDE THE OPEN DRIVING CRITERIA ATTACHED?
- IS THE GAP IN COVER COMPLETE (IF THERE HAS BEEN A BREAK IN COVER)?
- IS THE PROPOSAL FORM SIGNED & DATED BY THE INSURED?
- IS ALL OTHER SUPPORTING DOCUMENTATION ATTACHED (IF REQUIRED)?

DATA PROTECTION

ABOUT THIS NOTICE

Everyone has rights with regard to the way in which their personal data is handled. During the course of our business activities, Watford Insurance Company Europe Limited ('we', 'our', 'us') and Wrightway Underwriting Limited ('WUL') will collect, store and process personal data about you. The purpose of this notice is to give you some information about the collection and processing of your personal data. Further information can be obtained in our privacy policy which is available at www.watfordre.com/privacy-and-data-protection-policy and WUL's Privacy Policy which is available at www.wrightway.ie/regulations.

WUL is an underwriting agency regulated by the Central Bank of Ireland. WUL distributes insurance products on behalf of insurance companies through its broker network in Ireland. As our Managing General Agent, WUL has been granted authority by us to bind cover on our behalf, service your policy and to handle and settle any claims thereunder.

We and WUL are the data controllers for this contract under data protection legislation.

For the purpose of this Notice, 'you' or 'your' shall mean, you, the policyholder, or any other person entitled to indemnity under this policy of insurance.

THE DATA WE AND/OR WUL COLLECT

Where appropriate, we and WUL may collect the following personal data ('Data') from and/or about you:

- **Contact and identifying information** such as title, name, address, email address, telephone number, date and place of birth, gender, marital status, PPS number, VAT number, nationality, country of residence, and photographic identification.
- **Financial information** such as bank account details, credit/debit card details and income details.
- **Employment and qualification details** such as occupation, job position, employment and education history.
- **Medical and health details** including information related to personal habits (such as smoking or consumption of alcohol), medical history, details of any disability, injuries sustained and prognosis for recovery.
- **Other sensitive information** such as details of any criminal convictions and offences (including penalty points), civil litigation history as well as pending prosecutions. We and WUL may also, in certain cases, receive sensitive information from which it may be possible to infer your trade union membership, religious or political beliefs (for example, if you are a member of a group scheme through a professional, trade, religious, community or political organisation).

- **Information pertaining to the risk insured** such as description of the risk, value of the risk, location of the risk and claims history.
- **Claims data** such as details of the circumstances of any incident giving rise to a claim under this policy, details of activities carried out following any such incident, details of any other claims that you have made, as well as financial, medical, health and other lawfully obtained information relevant to your claim including social welfare information.

The above list covers the main data types collected by us and/or WUL. Full details are available in our Privacy Policy at www.watfordre.com/privacy-and-data-protection-policy and WUL's Privacy Policy which is available at www.wrightway.ie/regulations.

We and WUL require this Data in order to manage and administer our relationship with you, evaluate the risk and assess the premium to be paid, bind cover, validate and settle any claims, bring and/or defend legal proceedings, prevent, detect and investigate fraud, and in order to generally take any steps required to fulfil your contract /comply with legal obligations.

NOTE: If you provide us with Data relating to another person you must first: (a) inform that person about the content of our Privacy Policy and WUL's Privacy Policy and (b) obtain any legally required consent from that person to the sharing of their Data in this manner.

DATA COLLECTED FROM THIRD PARTIES

We and WUL may collect Data from third parties if you engage with us or WUL through a third party e.g. through a broker or, in the case of a group scheme, through your employer. We and WUL may also obtain Data from other third parties such as financial institutions, claims service providers (including private investigators) and insurance industry and government bodies for the purposes described above.

WHAT WE AND WUL DO WITH YOUR DATA

We and WUL may use, process and store the Data for the following purposes:

- Assessing which insurance products are appropriate for you, risk evaluation, premium setting, policy quotation, premium collection, policy administration, policy renewal, claims assessment, claims processing, claims payment, bringing and/or defending legal proceedings, recovering debt, marketing, statistical analysis, preventing, detecting and investigating fraud, as well as generally taking any steps in order to fulfil your contract and comply with legal obligations.

In order to prevent and detect fraud as well as the non-disclosure of relevant information, we and WUL may at any time:

- Share information about you with other companies in our group as well as other organisations outside the group including, where appropriate, private investigators and law enforcement agencies.
- Check your details with fraud prevention agencies, as well as against databases and other sources of information. Below is a sample of the databases/sources used:
 - the insurance industry claims database known as InsuranceLink maintained by Insurance Ireland (for more information see www.inslink.ie)
 - the Integrated Information Data Service ('IIDS') which allows members of Insurance Ireland to verify information including penalty points and no-claims discount information provided by their customers
 - the National Vehicle and Driver File, maintained and supported by the Department of Transport, Tourism and Sport, containing details of all registered vehicles in the State
 - Motor Insurance Anti-Fraud and Theft Register (MIAFTR) operated by the Association of British Insurers in the UK to log all insurance claims relating to written-off and stolen vehicles in the UK
 - the Companies Registration Office

The above list is not intended to be exhaustive (please see our Privacy Policy as well as WUL's Privacy Policy for more information).

In addition, we and WUL may check the Data you have provided against international/economic or financial sanctions laws or regulated listings to comply with legal obligations or otherwise to protect our legitimate business interests and/or the legitimate interests of others.

SHARING OF DATA

We and WUL may share your Data (where appropriate/applicable) as follows:

- With business partners, suppliers, sub-contractors and agents with whom we and/or WUL work/engage (including, but not limited to, tied agents, managing general agents, auditors, legal firms, medical professionals, cloud service providers, private investigators, third-party claim administrators and outsourced service providers) to assist us and WUL in carrying out business activities which are in our and WUL's legitimate business interests and where such interests are not overridden by your interests.
- With other companies in our group, partners of our group, coinsurance and reinsurance companies located in Ireland and abroad, including outside the European Economic Area ('EEA'). Where transfers take place outside the EEA, we ensure that they are undertaken lawfully and pursuant to appropriate safeguards.
- With other insurers and/or their agents.
- With any intermediary or third party acting for you.
- In order to comply with our and WUL's legal obligations, a Court Order or to cooperate with State and regulatory bodies (such as the Revenue Commissioners or the Central Bank of Ireland), as well as with relevant government departments and agencies (including law enforcement agencies).
- On the sale, transfer or reorganisation of our or WUL's business (or any part of it).

For further information regarding the third parties that we may share Data with, please see our Privacy Policy www.watfordre.com/privacy-and-data-protection-policy and WUL's Privacy Policy which is available at www.wrightway.ie/regulations.

In addition, information about claims (whether by customers or third-parties) is collected by us and/or WUL when a claim is made under a policy and placed on InsuranceLink. This information may be shared with other insurance companies, self-insurers or statutory authorities.

The purpose of InsuranceLink is to help us and WUL identify incorrect information and fraudulent claims and, therefore, to protect customers. Under data protection legislation you have a right to know what information about you and your previous claims is held on InsuranceLink. If you wish to exercise this right then please contact us or WUL at the address below.

Finally, where you have consented to our doing so, we and WUL may share information that you provide to companies within our group and with other companies that we and/or WUL establish commercial links with so we, WUL and they may contact you (by email, SMS, telephone or other appropriate means) in order to tell you about carefully selected products, services or offers that we and/or WUL believe will be of interest to you.

DATA RETENTION

The time periods for which we and WUL retain your Data depend on the purposes for which we and WUL use it. We and WUL will keep your Data for no longer than is required or legally permitted. Please see our Data Retention Policy at www.watfordre.com/privacy-and-data-protection-policy and WUL's Data Retention Policy which is available at www.wrightway.ie/regulations.

DATA SUBJECT RIGHTS

You have the following rights in relation to your Data which is held by us and WUL:

1. To ask for details of your Data held.
2. To ask for a copy of your Data.
3. To have any inaccurate or misleading Data rectified.
4. To have your Data erased.
5. To restrict the processing of your Data in certain circumstances.
6. To object to the processing of your Data.
7. To transfer your Data to a third party.
8. A right not to be subject to automated decision making.
9. The right to receive notification of a Data breach.
10. Where processing is based on consent, the right to withdraw such consent.
11. The right to lodge a complaint to the Data Protection Commission.

If you wish to avail of these rights, a request must be submitted in writing to our or WUL's Data Protection Officer, as appropriate (see contact details below). In order to protect your privacy, you may be asked to provide suitable proof of identification before your request can be processed

PRIVACY POLICY

Please note that this Notice is not a standalone document and should be reviewed in conjunction with our Privacy Policy which is available online at www.watfordre.com/privacy-and-data-protection-policy and WUL's privacy policy which is available at www.wrightway.ie/regulations.

If you have any questions about your Data, you can contact us or WUL using the contact details below.

WATFORD INSURANCE COMPANY EUROPE LIMITED	WRIGHTWAY UNDERWRITING LTD
<ul style="list-style-type: none">• Customer Services on +1 441 278 3454• Email us at watfordDPO@watfordholdings.com• Data Protection Officer, Watford Insurance Company Europe Limited, PO Box 1338, Grand Ocean Plaza, First Floor, Ocean Village, Gibraltar, GX11 1AA	<ul style="list-style-type: none">• Customer Services on 053 916 7100• Email us at dataprotectionofficer@wrightway.ie• Data Protection Officer, Wrightway Underwriting Ltd, Limekiln House, Drinagh, Wexford, Co. Wexford, Ireland, Y35 KX2P