

Classic Cars Insurance Submission Form

Client

Name:

Address:

Place: Postcode:

Email:

Profession:

Date of Birth: VAT Nr.:

Intended starting date:

Driver

Name:

Date of Birth:

Drivers licence Nr.: Date:

Risk Address (Address where the garage is located)

Place: Postcode:

Where the car is parked:

(the coverage is only available if parked in garage)

Individual garage

Common garage

Have anti-theft alarm in the garage where it is stored?

Yes No

If so, specify:

How are the keys are stored:



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Covered vehicles

Brand and model	Registration nr.	Year	Current km nr	Value
				€
				€
				€
				€
				€
				€
				€

Coverage / Prize

Chosen coverage option

Fire + Theft or Burglary

All-Risks

Km

Only garage

Until 500kms

Until 1.000kms

Until 2.000kms

Until 3.000kms

Claim ratio

Any claim concerning the collection of cars or theft of other vehicles was reported in the last five years where the car is stored?

Yes No

If so, specify:

Inspection

The vehicle has no damage.

Inspection made by:

Name:

Date:

Additional information

Any resident in the property covered was ever convicted or charged with any crime (except traffic) or is in a bankruptcy process or is in an arrangement with creditors?

Yes No

Is there any other information you would like the insurance company to know about?

Yes No

If so, specify:

Data Protection Law

Personal Data Protection. The personal data collected shall be processed and stored on computer by **Innovarisk**, acting in its capacity as the entity in charge of information processing, which shall process your data in the name of and on behalf of the insurance company Hiscox and only for the purposes established by it.

The entity responsible for data processing under the terms of currently applicable legislation shall be **Innovarisk**, and they shall be processed for the purposes of the payment of accidents, claims management, and for the purposes of collaboration with various entities for statistical purposes and for the purposes of the anti-fraud policy, as well as for the divulgation of our activity and products, unless, as regards the latter case, you do not expressly authorise us in writing.

Regarding the latter case, please tick here if you do not want to authorise.

Any omissions, inaccuracies and falsity concerning data to be provided either on an obligatory or original basis, are under your entire responsibility. In any event, the owners of the data are guaranteed access to the information concerning them, and may request their correction, addition or elimination by means of direct contact or in writing, with **Innovarisk**, Avenida Duque de Loulé, 123 - 4º, Fração 4.7, 1069-152 Lisboa.

You also give us your express consent to the assignment of such data to other insurance companies or public or private bodies related with the insurance sector, for statistical purposes or for the purposes of the anti-fraud policy, as well as for the purposes of co-assurance and reinsurance. The data may also be communicated between the companies that constitute the Hiscox Group, for the above-mentioned purposes.

Initial declaration of risk

I/we declare that this form was filled in after completing the appropriate checks; (b) its contents are truthful and accurate and (c) all the events and circumstances that may be relevant for the consideration of our insurance proposal have been communicated.

If any information provided in this questionnaire or its appendices incurs alterations before the start date of the policy for which this questionnaire was completed, or should you become aware of new facts or circumstances that could affect the insurance cover, you must notify **Innovarisk** and we may modify or withdraw the insurance cover.

I/we agree that this form and all the information provided are incorporated within the insurance contract and shall form an integrating part thereof.

Pre-contractual information

The Policyholder expressly acknowledges that he accepts the General and Special Conditions, and that he has read, examined and understood the content and scope of all the clauses contained within the same Conditions. Lastly, the policyholder expressly acknowledges that he has received the information concerning legislation applicable to the insurance contract, the different instances of claim, and the identification and legal status of the Insurer and the respective representing company.

Signature

Date

You must keep a copy of this proposal, for registration.