|  |  |  |
| --- | --- | --- |
| **I – BROKER**  | Firm:  |       |
|  |
|  | Mr/Mrs/Ms: |       |
|  |
|  |
| **II – APPLICATION FOR INSURANCE**  | Desired effective date: | **/    /** |  |
|  |
|  |
|  | [ ]  New purchase/ |  |
|  | [ ]  If not, current insurance company: |       |
|  |  |  |
|  | Amount of last premium:  | €      |
|  |  |
|  |  |
| **III – POLICYHOLDER**  | Title:  | Mr [ ]  | Mrs/Ms [ ]  | Neutral [ ]  |
|  |
|  | Surname: |       |
|  |  |  |
|  | First Name: |       |
|  |  |  |
|  | Occupation: |       |
|  |  |  |
|  | Date of birth: |       |
|  |  |  |
|  | If legal entity (SCI, SARL, etc.) company name: |       |
|  |  |  |
|  | Name of the legal representative of the legal entity (if different from the policyholder): |       |
|  |  |  |
|  | Correspondence’s address: |
|  |       |
|  |  |  |
|  | Email address: |       |
|  |  |  |
|  | Does Hiscox insure your home?  | Yes [ ]  No [ ]  |
|  |  |  |
|  | Are you the holder of the registration certificate(s) for the vehicle(s)?  | Yes [ ]  No [ ]  |
|  |  |
|  | If not, please provide the holder's Surname & First name and specify the relationship with the policyholder: |
|  |       |

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|  |
| **IV – DRIVERS** | The ‘Collection Cars by Hiscox’ insurance policy only covers damage to insured vehicles if the vehicle is driven by a driver who is named in the Special Conditions.  |
|  |
|  | 1. **Main driver** *(please only give the driving license date if the main driver is the policyholder).*
 |
|  | Surname | First Name | Date of birth | Date of driving licence |
|       |       | **/    /** | **/    /** |
|  |
|  | 1. **Other named drivers:**
 |
|  | Surname | First Name | Date of birth | Date of driving licence |
|  |       |       | **/    /** | **/    /** |
|  |       |       | **/    /** | **/    /** |
|  |

|  |  |
| --- | --- |
|  | 1. **Statements regarding the named driver(s):**
 |
|  |  | If you have ticked a box underlined in red, please mention which drivers are concerned.  |
|  | Do they hold a valid driving licence, recognised in France which entitles the holder to drive the vehicle to be insured?  | Yes [ ]  No [ ]  |       |
|  | Are they currently insured for another general-purpose vehicle (4 or 2 wheels over 50cm3)?  | Yes [ ]  No [ ]  |       |
|  | Over the last 36 months, have they been insured as the main driver for one or more cars or motorbikes for more than 3 months without a break?  | Yes [ ]  No [ ]  |       |
|  | Over the last 5 years, have they received an administrative or criminal penalty for driving whilst exceeding the maximum legal alcohol or under the influence of drugs? | Yes [ ]  No [ ]  |       |
|  | Over the last 5 years, have they had their driving license withdrawn for more than 60 days, cancelled or invalidated due to losing all their points required to drive? | Yes [ ]  No [ ]  |       |
|  | Over the last 36 months, have they had a policy revoked or nullified by a previous insurance company due to claims history, false declaration or non-payment of a premium?  | Yes [ ]  No [ ]  |       |
|  |  |  |  |

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| **V – VEHICLES TO BE INSURED** |  | If you have ticked No, please mention the vehicles concerned |
|  | Is any vehicle used only for social, domestic or pleasure purposes excluding business use and commuting? | Yes [ ]  No [ ]  |       |
|  | Is any vehicle driven, on average, less than 10,000 km/year each? | Yes [ ]  No [ ]  |       |
|  |
| Maximum authorised kilometres | The number of kilometres driven per insurance year is restricted to 10,000 km for each of the insured vehicles. If the maximum authorised kilometres are exceeded for a damaged vehicle, WE SHALL REDUCE THE COMPENSATION IN PROPORTION TO THE EXCESS KILOMETRES.  |
| Details of vehicles to be insured:  |  |
| Registration number: | Make | Model/Type | Number of kilometres driven at start of the policy | Year of 1st registration  | Approved value (€ inc. VAT) | Supporting document available |
| Type: invoice, expert assessment | Date of supporting document |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
| Please state which general-purpose vehicles you use on a daily basis? |
| **Make** | **Model** |
|       |       |
|       |       |
| **VI – LOCATION OF GARAGE AND PROTECTION METHODS** | **What is the address of the garage where the vehicle is normally parked?** (if the address is different from correspondence address)  |
|  |       |
|  | *\*If there are several garage locations, please ask for the corresponding multi-sites questionnaire* |
|  |
| 1. **GENERAL**
 | What is the type of garage where the vehicle is parked? |
|  | [ ]  Enclosed garage on the property |
|  | [ ]  Parking space or [ ]  lock-up garage in a collective car park[ ]  Parking space or [ ] lock-up garage in a secure public car park (security guard, video surveillance)  |
|  | [ ] Other: please specify: |
|  |       |
| 1. **THEFT**
 | Is the garage fitted with an intruder alarm system? | Yes [ ]  No [ ]  |
|  | If ‘Yes’: |  |
|  |  | Is it APSAD\* approved? (\*french norm) | Yes [ ]  No [ ]  |
|  |  | Is it connected to a video surveillance remotely monitored by and alarm company?  | Yes [ ]  No [ ]  |
|  |  | Have you taken out a maintenance contract for this system? | Yes [ ]  No [ ]  |
|  |  |  |
| 1. **FIRE**
 | Have any smoke detectors been installed? | Yes [ ]  No [ ]  |
|  | If ‘Yes’: |  |
|  |  | Are they connected to an alarm or a remote surveillance system? | Yes [ ]  No [ ]  |
|  |
| **VII – PREVIOUS ACCIDENT RATE** | Over the last 3 years, have the named drivers had any damage?\* | Yes [ ]  No [ ]  |
|  |  |  |
|  | \* The accident rate covers all the vehicles that the driver(s) to be insured have driven or owned over the last 3 years including the vehicles to be insured and the vehicles in common use. Please declare all the damage and civil liability claims, whether or not it was your fault, and regardless as to whether you were compensated.  |
|  |  |
|  | If ‘Yes’, please complete the information below:  |
|  | Date of occurrence  | Claim details | (€) Amount: | Details (vehicle or driver concerned) |
|  | **/    /** |       |       |       |
|  | **/    /** |       |       |       |

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| **Non-disclosure and personal data protection** | Hiscox is the trade name of several companies in the Hiscox Group. The company that is responsible for processing your personal data as data controller is specified in the documentation provided to you. If you have any questions, you can contact us by sending an email to dataprotectionofficer@hiscox.com, or writing to us at Immeuble Le Millenium, 12 quai des Queyries, CS 41177, 33072 Bordeaux Cedex. We collect and process information about you in order to offer and manage insurance policies, and to be able to process your claims. Your data is also used for operational purposes, such as preventing and detecting fraud, and financial management. We may also collect or share your data with companies in our group or with third parties, such as brokers, experts, economic intelligence agencies, service providers, professional advisers, our regulators or fraud prevention agencies. We do not retain your data beyond the time needed to achieve the purpose for which it was collected and in compliance with the applicable legal and regulatory provisions. Your telephone calls may also be recorded to help us monitor and improve our services. You have the right to access, rectify or delete your personal data, and a right to object to its processing. For more information, please see our non-disclosure policy[www.hiscox.fr/cookies-et-confidentialite](http://www.hiscox.fr/cookies-et-confidentialite). |
| **Statement and signature** | I the undersigned, |       |
|  |
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| --- |
| Hereby declare that, to the best of my knowledge, **all the information provided** is correct, whether the Questionnaire was filled **out by myself or by my representative**.I acknowledge that I have been informed of my **obligation to provide truthful answers** to this questionnaire and of the resulting consequences **if I omit information or make a false statement**, i.e., the policy will be declared **null and void** (Article L 113-8 of the Insurance Code) or **the compensation reduced** (Article L 113-9 of the Insurance Code). By signing this statement, I am not required to accept the terms of the insurance proposal made by the insurance companies, but **should the policy be accepted, the statements made in this questionnaire will form an integral part of the policy and shall be used as its basis.**You **must** sign this form to confirm the project.  |

 |
|  | Completed in: |       | On | **/    /** |
|  |
|  |  | Signature |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |