NOTE: Application forms **MUST** be received a **MINIMUM OF 14 DAYS** before cover is required.

RETURN THIS FORM BY POST TO:
Motorsport Ireland, 34 Dawson Street, D2
Phone No.: 00 353 1 6775628
OR EMAIL: info@motorsportireland.com

IRISH/BRITISH RALLY DRIVERS' SCHEME

APPLICATION FOR THIRD PARTY ONLY ROAD SECTION RALLY, NAVIGATION/RETROSPECTIVE/ENDURANCE TRIALS & MULTI-VENUE AUTOTEST INSURANCE (EXCLUDING RACING, PACEMAKING, SPEED-TESTING & SPECIAL STAGES)

THIS FORM MUST BE COMPLETED IN FULL FOR ALL RENEWAL AND FIRST-TIME APPLICATIONS

FOR OFFICIAL USE ONLY:

NORMAL RATES/OTHER **IRDS/BRDS NUMBER:**

IMPORTANT: PLEASE COMPLETE IN BLOCK CAPITALS

- If all questions are not answered **FULLY** the proposal will not be accepted. "Dashes" or answers left blank are **NOT** acceptable.
- All "open road" accidents must be advised immediately to Motorsport Ireland.

YOU MUST DISCLOSE ALL FACTS LIKELY TO INFLUENCE THE ASSESSMENT AND ACCEPTANCE OF THIS PROPOSAL. IF YOU FAIL TO DO SO, YOUR INSURANCE MAY EITHER NOT OPERATE OR NOT OPERATE FULLY.

PURPOSE FOR WHICH LETTER IS REQUIRED (CIRCLE): **COMPETITOR** **OFFICIAL**

TYPE OF EVENT CIRCLE	**STAGE RALLY / NAVIGATION TRIALS / RETROSPECTIVE TRIALS / ENDURANCE TRIALS / MULTI-VENUE AUTOTEST**
Name of Applicant	
Address	
Email Address	
Telephone	
Occupation	
Date of Birth	

1. How long has a full Driving Licence been held? (Normal Min. Requirements 6 Months) Years _____ Months _____

2. Have you ever been convicted of any offence with a Motor Vehicle or is any such prosecution pending? **YES/NO**
   If "YES", please give full details – Date/Circumstances/Type of Offence/Penalty

   _____

   _____

3. Have you been involved in any Motor Accident during the last 3 years? **YES/NO**
   If "YES", please state circumstances and cost of damage/injury

   _____

   _____

4. Have you ever suffered from defective vision or hearing, diabetes, fits, heart condition or any other physical or mental infirmity that is required to be reported to the Authorities in relation to holding a Driving Licence?
   If "YES", please give details below **YES/NO**

   _____

   _____

DECLARATION

I declare that the above statement and details are true and complete to the best of my knowledge and belief, and that no material facts have been withheld, misrepresented or mis-stated. I agree that this Proposal will form the basis of the Contract between insurers and me. I undertake to advise insurers of any material fact or change affecting the continuance of the insurance, and I am willing to accept insurance subject to the Terms, Exceptions and Conditions usually contained therein for this class of risk. I warrant that the vehicle insured is, and will be, maintained in accordance with the requirements of the Republic of Ireland Road Traffic Act.

SIGNATURE OF PROPOSER _____ **DATE** _____

UNDERWRITERS RESERVE THE RIGHT TO CHARGE HIGHER PREMIUMS, IMPOSE TERMS OR TO DECLINE ANY PROPOSAL SUBMITTED