

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

**MOTORSPORT IRELAND**

**RETURN THIS FORM BY  
POST TO:  
Motorsport Ireland,  
34 Dawson Street, Dublin 2  
Phone No: 00 353 1 6775628**

**IRISH/BRITISH RALLY DRIVERS' SCHEME  
APPLICATION FORM FOR THIRD PARTY ONLY ROAD SECTION RALLY INSURANCE  
(EXCLUDING RACING, PACEMAKING, SPEED-TESTING & SPECIAL STAGES)**

**FOR OFFICIAL USE ONLY:**

NORMAL RATES/OTHER

IRDS/BRDS NUMBER

**IMPORTANT: PLEASE COMPLETE IN BLOCK CAPITALS**

1. If all questions are not answered **FULLY**, the proposal will not be accepted. "Dashes" or answers left blank are **NOT** acceptable.
2. 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 (TICK BOX):**

COMPETITOR

OFFICIAL

1. Surname: Mr/Mrs/Ms \_\_\_\_\_ First Name(s) \_\_\_\_\_
2. Home Address \_\_\_\_\_
3. Daytime Telephone Number \_\_\_\_\_
4. Occupation \_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. How long has a full Driving Licence been held? (Normal Min. Requirement 6 Months) Years \_\_\_\_\_ Months \_\_\_\_\_
7. 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  
\_\_\_\_\_  
\_\_\_\_\_
8. Name of present Motor Insurer:  
\_\_\_\_\_  
\_\_\_\_\_
9. 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  
\_\_\_\_\_  
\_\_\_\_\_
10. 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? **YES/NO**  
If "Yes", please give details below  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

I declare that the above statements 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.