



RISK MANAGEMENT COMPANY for INDEPENDENTS (IRELAND) LTD.
Mount Corballis C.2, Rathdrum, Co. Wicklow Tel.: 0404 43166 Fax: 0404 43167 E-mail: info@rmci.ie

Motor Insurance Application Form

*The information provided to RMCI in writing or otherwise by or on behalf of the client is the basis and will be deemed to be part of the contract.
RMCI and/or the Company will be entitled to void any insurance where the information provided is incorrect.*

SECTION A

DETAILS OF INSURED

Name: Mr./Mrs./Ms. _____

Date of Birth: ___/___/___

Address: _____

Occupation: _____

Street: _____

Tel. No. _____

Town: _____

Fax. No. _____

County: _____

E-Mail _____

Claims History (last 5 years):

Full License: Y/N

No Claim Bonus: ___%

Penalty Points Y/N **If Yes Why** _____

Convictions Y/N **If Yes Why** _____

Other Named Driver:

Mr./Mrs./Ms. _____

Full License: Y/N

Date of Birth: ___/___/___

Penalty Points Y/N **If Yes Why** _____

Convictions Y/N **If Yes Why** _____

SECTION B:

DETAILS OF CAR

Commercial/Private

Make: _____ Model: _____ Value: € _____

Litre Engine: _____ Registration No.: _____

Cover Required: Comprehensive/ Third Party Liability/ Fire Theft/ Other

Address where car is kept if different from above: _____

DETAILS OF 2nd CAR

Commercial/Private

Make: _____ Model: _____ Value: € _____

Litre Engine: _____ Registration No.: _____

Cover Required: Comprehensive/ Third Party Liability/ Fire Theft/ Other

Address where car is kept if different from above: _____

Renewal Date of Existing Policy(ies): 1) ___/___/___ 2) ___/___/___

Current Insurer(1): _____ Current Premium(1): € _____

Current Insurer(2): _____ Current Premium(2): € _____

Signed _____

Date: ___/___/___