



**ENQUIRY FORM SPECIAL TYPES
Third Party Only**

Broker Name	_____
Address	_____
Agency Number	_____

Proposer

Address

Date of Birth **Current Insurer**

Occupation/Vehicle use

Years in Business **Renewal Date**

Are you the holding broker? Yes No

How many years NCB?

Any Claims , accidents, convictions, penalty points in the last five years. Yes No

If 'yes' Please give details:

In the case of no previous insurance. Please provide details of proposers experience with special types vehicles:

Vehicle Details *Full details required

Reg.No/Serial No.	Make & Model	Low Loader	Wheeled or Tracked	Year	NCB Years	Max. Carrying Capacity	Cover

Open driving 25-70
Open driving 23-70

Do all employees hold up to date safe passes? Yes No

Have all drivers undertaken CSCS (driving ticket) courses? Yes No

Has any Insurer ever declined the proposer insurance, applied increased terms or refused to renew or cancelled any policy? Yes No

Has any principal, director or partner ever been convicted or charged (but not yet tried) with arson or any offence involving dishonesty or any kind (e.g.. Fraud, robbery, theft or handling stolen goods)? Yes No

Has any principal, director or partner ever been declared bankrupt or insolvent? Yes No

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