

## Application Form for Spouses/Partners/Groups/Companies

One person should complete the main Application Form and sign at the bottom of this form. The details of all other persons to be insured should be entered onto this page. Please complete all sections. If there are more than 6 people in your group please copy this form and enclose with application.

Name of Group or Company  
(N/A if spouse/partner application)

Names: (Please state whether Mr/Mrs/Miss/Ms)	Policy Name (e.g. Platinum)	Date of Birth
A		
B		
C		
D		
E		
F		

Current Penalty Points	Offence Code	Date of Offence
A		
B		
C		
D		
E		
F		

Pending motoring prosecutions or medical conditions

A	
B	
C	
D	
E	
F	

Details of disqualification, licence revocation or advice not to drive on medical grounds

A	
B	
C	
D	
E	
F	

I confirm that, to the best of my knowledge, the above details are correct

Signature

Date

If you are applying for spouse, partner, group or company cover, please complete this section in full, fold twice and include with your application form. If there are more than 6 people to be included in the application, please copy this form and enclose with your application.

## Application Form

Please indicate policy required. If a spouse, partner, group or company policy is required, please tick this box and complete the accompanying group application form.

Driverguard ☐ Silver ☐ Gold ☐ Platinum ☐ V.I.P. ☐ Flashguard ☐ Flashguard+ ☐

Name: (Mr/Mrs/Miss/Ms)

Address

Postcode

Telephone

Date of Birth

Email

You must answer the following questions: How many penalty points do you currently have?

Do you know of any pending motoring prosecutions OR medical conditions affecting you?

Yes/No

Have you ever been disqualified, had your licence revoked or been advised not to drive for any medical reason? Yes/No If you answered Yes to any of these questions, give full details on a separate sheet.

Payment by: Annual Direct Debit ☐ Monthly Direct Debit ☐ (Tick relevant box)

cheque to the value of £ (annual premium only) payable to Isle of Man Assurance Ltd

or please debit my Credit Card with the annual premium of £ inc IPT

Card Type

VISA

MasterCard

Amex

Switch

Card No.

Start Date

(mm/yy)

Expiry Date

(mm/yy)

Security Code

Switch Issue No.

Please tick if you do not wish to send/receive instructions by fax, email or telephone.

I declare to the best of my knowledge the answers in this application are true and correct with no material fact withheld.

Signature

Date

FOR OFFICIAL USE ONLY: POLICY NUMBER

ST CHRISTOPHER  
The Traveller's Friend

Instruction to your Bank or  
Building Society to pay by Direct Debit

DIRECT  
Debit

Please fill in the whole form using a ball point pen and send to Isle of Man Assurance Ltd.  
FREEPOST, PO Box 179, IOMA House, Hope Street, Douglas, Isle of Man IM99 1PU  
Name and full postal address of your Bank or Building Society

To: The Manager

Bank/Building Society

Address

Postcode

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Originator's Identification Number

8 5 6 3 2 0

Reference

Instruction to your Bank or Building Society

Please pay Isle of Man Assurance Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Isle of Man Assurance Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

Broker Ref 338816

Finanswers  
38 Kingsburgh Cres  
Edinburgh  
EH5 1JF

Tel 0131 476 6355

Mob 07968 124 780

enquiries@finanswers.co.uk