



Proposal form LIBERTYMOTOR NAMED DRIVER

CÓDIGO MEDIADOR

PÓLIZA Nº

Effect. date Expiry date Date 1st registered

Insurance agent: Type of agent:

Registration num. Chassis no. Country of registration

By direct debit *Instalment payments: Half yearly Quarterly

* You can choose to pay by instalment when each instalment is at least 300 euros. Payment must be by Direct Debit.

SUSTITUYE A LA PÓLIZA Nº

FECHA BONIFICACIÓN

F. PAGO SOLICITUD TIPO
TARIFIC.

POLICYHOLDER

Surname, name ID/Pass. num.
 Address Postcode City
 Province Telephone Profession
 Date of birth Sex Marital status

OWNER

Surname, name ID/Pass. num.
 Address Postcode
 City Province Telephone
 Date of birth Sex Marital status
 Date of licence Profession

DIRECT DEBIT

Organisation Office Control No. Account Num.

VEHICLE DETAILS

Make and model
 Type Horse power C.C. Max. authorised weight/Seats
 Annual milage The vehicle is kept in a garage? Yes During the day At night Both No
 Código Categoría Clase C.V. DIN
 Valor vehículo Uso Situación de riesgo

INTENDED USE

FIRST CATEGORY

Private without commute to work Private with commute to work Private for professional use

FIRST DRIVER

Surname, name ID/Pass. num.
 Address Postcode
 City Province Telephone
 Date of birth Date of licence Sex Marital status
 Profesión Have you had any accidents in the last two years? Yes No How many?

OTHER DRIVERS

| Surname, name | Postcode | Profession | Pass.num. | D. birth | D. licence | Sex | M.S. | Occasional* |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|---|---|
| | | | | | | F M | S M | Yes No |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
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Important: The policyholder should declare the age and driver's license information of those individuals who will use the vehicle, as they constitute circumstances that might increase the risk. In case of accident, if the risk is greater than that declared, the Insurer will apply the equity rule established by law; in any case, if the vehicle is driven by an individual under 31 years of age or who has had a valid driver's license for less than 10 years, the Damage cover will be excluded.

(*) **Occasional drivers:** Occasional drivers are those who, being owners of another private car or different commercial vehicle, might occasionally drive the vehicle that is the object of this insurance.

COVERS

- | | | |
|--|---|---|
| <input type="checkbox"/> Obligatory public liability | <input type="checkbox"/> Own damage | <input type="checkbox"/> Only total loss |
| <input type="checkbox"/> Voluntary public liability | Deductible _____€ | |
| <input type="checkbox"/> Civil liability for cargo | <input type="checkbox"/> Fire | |
| <input type="checkbox"/> Legal defense | <input type="checkbox"/> Theft | |
| <input type="checkbox"/> Claim for damages | <input type="checkbox"/> Broken windshields | |
| <input type="checkbox"/> Legal assistance for traffic violations | <input type="checkbox"/> License revoked | |
| <input type="checkbox"/> Roadside assistance | Monthly sum _____€ | |
| <input type="checkbox"/> Passangers | <input type="checkbox"/> Substitute vehicle | |
| Death _____€ Disability _____€ Medical attention _____€ | <input type="checkbox"/> Driver accident | <input type="checkbox"/> Fixed 12,500 € – Monthly sum 300 € |
| | | <input type="checkbox"/> Fixed 25,000 € – Monthly sum 450 € |

ACCESORIES
OBSERVATIONS OF THE POLICYHOLDER

The personal data voluntarily provided are necessary to assess and determine risk and to initiate and maintain the contractual relationship. It is not possible to formally execute and maintain said contractual relationship without them, and they will be included in files for which the responsible party is Liberty Seguros, Compañía de Seguros y Reaseguros, S.A., CIF A-48037642, Calle Obenque nº2, 28042 Madrid, and before which the interested party may exercise their rights of access, rectification, cancellation or opposition in the manner set forth in Organic Law 15/1999 of 13 December, on Personal Data Protection, and its implementing regulations. In the event that information on people other than the policyholder is included in this document, the policyholder hereby declares having informed such persons of the preceding points.

The policyholder hereby expressly agrees that such data (including data on health) can be processed by the insurer and be transferred to other insurance entities or Public or Private Entities related to the insurance industry for statistical-actuarial purposes, for fraud prevention purposes and for co-insurance reasons, as well as to facilitate the processing of losses. The policyholder likewise authorises any physician, auxiliary personnel and health centres to provide the insurer with the information that the insurer may require (including data on health) so that the insurer may draw up the motor insurance contract.

The Insurer hereby notifies the policyholder that all data on the motor insurance contract and any losses linked to the same in the last five years, if there were any, will be transferred to the Historical File of motor Insurance for the purpose of establishing rates and selecting risks, which file is composed of information provided by Insurance Entities and was created by the Spanish Union of Insurance and Re-insurance Entities (UNESPA). If you would like to exercise your rights of access, rectification, cancellation or opposition, you can contact TIREA, C/. García de Paredes, nº 55, 28010 MADRID, for which you must identify yourself by your National Identity Document, Passport or Residency Card.

The Policyholder hereby expressly authorises the Insurer to process and maintain their personal data, even once the insurance contract is cancelled or even if said contract were not executed, in order to be able to send them commercial notices by any means, including electronic mail or any equivalent electronic media, about the insurer's own products and services or those of any other entity related to the insurance and financial sector, as well as to transfer them for the same purpose to the insurer Genesis Seguros Generales, Sociedad Anónima de Seguros y Reaseguros, Sociedad Unipersonal, with its registered address in Madrid (28042) at Paseo de las Doce Estrellas 4.

If you do not wish to receive the information referenced in the preceding paragraph, tick the following box . The refusal to authorise this latter processing will not prevent the processing of this application.

Place, date and hour _____

Proposer

Insurance intermediary

INFORMATION STATEMENT

The member state that controls the insurance activity of the company is Spain, and the controlling authority is the Directorate General for Insurance and Pension Funds of the Ministry of Economy and Treasury.

The legislation applicable to the contract is the Insurance Contracts Act (Act 50/80); the revised text of the Regulation and Supervision of Private Insurance Act, approved by Legislative Royal Decree 6/2004; the revised text of the Motor Vehicle Transit Liability and Insurance Act, approved by Legislative Royal Decree 8/2004; and their respective implementing regulations

CUSTOMER CLAIM AND PROTECTION REQUESTS

LIBERTY SEGUROS has a **Customer Service Department** and a **Insurance Ombudsman** to handle and resolve complaints and claims arising from actions by the Company itself or by banking and insurance operators, in accordance with the procedure set forth in Order ECO 734/2004 of 11 March.

– **Customer Service Department.** C/ Obenque 2, 28042 MADRID. Fax: 91 301 79 98. e-mail: atencionalcliente@libertyseguros.es

– **Insurance Ombudsman.** C/ Marqués de la Ensenada 16, 3º, oficina 23, 28004 Madrid. Fax: 91 308 49 91. e-mail: reclamaciones@da-defensor.org

All complaints and claims will be handled and resolved within a period of two months after being submitted. After this period has elapsed and having received no response, or in the event of disagreement, the claimant may address the **Commissioner for the Defence of Insurance Policyholders and Participants in Pension Plans**. Pº de la Castellana 44, 28046 MADRID. For the resolution of conflicts in court, the court in the policyholder's city of residence will hold jurisdiction.

The **Regulations for Customer Defence** are available to customers at offices of the Companies within the Liberty Group, which detail the procedures for handling complaints and claims. These regulations are also available on the website: www.libertyseguros.es, or from your insurance agent.

INFORMATION REGARDING TIED INSURANCE AGENTS

Tied insurance agent (1):

Registered with the Directorate-General Insurance and Pension Funds under number _____, which can be contacted in order to verify said registration number.

Holding in an insurance company (2):

The agent undertakes his or her broking activities exclusively with Liberty Seguros, Compañía de Seguros y Reaseguros, S.A., and is duly authorised by this Company to undertake further activity with (3):

The agent may only process the personal data provided under the terms and within the scope derived from the insurance agency contracts signed with Liberty Seguros, Compañía de Seguros y Reaseguros, S.A., and at all times for and on behalf of the said Company.

(1) Identity (name and surname or company name, ID number or tax code) and address of the tied insurance agent.

(2) Specify the percentage of the holding and the company in question.

(3) This final paragraph is for cases covered by the authorisation specified in Article 14 of the 2006 Spanish Insurance Brokerage Act. Indicate the name of the Insurance Company.

GENERAL DECLARATIONS

This proposal, once stamped by the company or agent gives legal cover to the insured to drive the vehicle for 15 days. (Obligatory third party liability).

ASSISTANCE

In the event of an accident, and until the documentation has been received, should you require assistance, you will need to call the following telephone number:

- **900 224 224**: Toll-free call within the municipal area of the insured residence.

- **901 360 360**: From anywhere in Spain.

- **34 91 594 93 60**: From anywhere else in the world.

PERMANENT 24-HOUR SERVICE

When you call, indicate your name, policy number, location and contact telephone number should there be one, explaining that your policy is being processed.

If you require **Legal Assistance** following a breach of driving regulations you should phone the following number: **900 123 077**.