

RIDER & STABLE STAFF ACCIDENT PLAN



NON-ADVISORY APPLICATION FORM

MUST BE COMPLETED

- I can confirm that I'm happy to proceed with this application without receiving advice on this matter.
- I have been provided with the policy documents and understand the benefits and exclusions of this plan, in particular that this plan will only provide benefits whilst I am undertaking an equine related activity. I have also been provided with the Terms of Business from Hive Insurance Services.

POLICYHOLDER DETAILS

Title:	Forename:	Surname:
Address:		Tel:
Eircode:		Date of birth:
Email:	Occupation:	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed

Please ensure you have written your email address clearly and correctly, as we will use this address to email your welcome documents to you.

PLAN AND PAYMENT DETAILS

Level of cover: <input type="checkbox"/> Silver - €21 per month <input type="checkbox"/> Gold - €31.50 per month	Start date: <input type="checkbox"/> Immediately (this could lead to a double direct debit collection) <input type="checkbox"/> As soon as possible without incurring a double direct debit collection <input type="checkbox"/> Specified date - please state: <input type="text"/> (depending on date chosen, this could lead to a double direct debit collection)
Preferred Direct Debit date:	

DECLARATION (Please read carefully)

I hereby apply for insurance to Axeria Insurance Limited (the insurer) under their usual terms and conditions. I confirm that the information supplied by me in connection with this proposal is correct to my knowledge and belief. I note that I should keep a record of all information supplied for the purpose of this proposal and that a copy of such information will be supplied if requested by me. I consent to the seeking of information from other insurers and I authorise the giving of such information for such purposes. I also consent to the insurer or their agents seeking medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health and I authorise the giving of such information.

I have been provided with details of the procedure to follow in the event of a complaint.

Warning: The current premium may increase with 30 days notice.

Signature:
(Applicant)

X

Date:

PLEASE HELP US TO GO GREEN

Each year we send policyholders an annual review letter and an Insurance Product Information Document, which is a summary of key information relating to your plan. As an environmentally responsible company, we would like to ask for your permission to send you this information by email - not only will this reduce the amount of paper we use, it will also make it easier for you to manage your policy paperwork. Please can you tick the box below to confirm you are happy to receive this correspondence by email. Sincere thanks for your support in helping us to make a difference to the environment.

I request that my annual reviews and Insurance Product Information Documents are sent to me by email:

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HIVE INSURANCE SERVICES

SEPA DIRECT DEBIT MANDATE



Unique Mandate Reference:

Creditor Identifier: **IE79API303578**

Legal text: By signing this mandate form, you authorise

- a) Hive Insurance Services DAC to send instructions to your bank to debit your account and
- b) your bank to debit your account in accordance with the instruction from Hive Insurance Services DAC.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields below

Name:

Address:

Eircode:

County:

IBAN (International Bank Account Number):

Swift BIC:

Hive Insurance Services DAC, Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24.

Type of payment is recurrent/repeated

Date of signing:

Signature(s):

Please return this mandate to: Hive Insurance Services DAC, Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24.

Person on whose behalf payment is made: *(Name of policyholder, if different to above)*

074 9161868 | www.hiveinsure.ie

SUITE 211, 3013 LAKE DRIVE, CITYWEST BUSINESS CAMPUS, DUBLIN 24

Hive Insurance Services DAC (Company Registration No 360638) is regulated by the Central Bank of Ireland, registered number C29542 and a wholly owned subsidiary of Hive Insurance Services Limited.

This product is insured by Axeria Insurance Limited (company registration number C55905), with registered office at Axeria Business Centre, 380, Level 2, Canon Road, Santa Venera, SVR 9033, Malta. Axeria Insurance Limited is an insurance company authorised under the Maltese Insurance Business Act (Cap. 403 of the Laws of Malta) to carry on general business and is regulated by the Malta Financial Services Authority. **RSPAPP1RL 0220**