

PERSONAL ACCIDENT PLAN

APPLICATION FORM



HIVE
Insurance Services

APPLICANT'S ADDRESS

Address:

Eircode:

Tel (mobile):

Tel (home):

Tel (work):

Email:

FIRST APPLICANT

Title: *(please tick)*

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other _____

Surname:

Forename(s):

Date of Birth:

Occupation:

Employment status:

☐ Employed ☐ Self-employed ☐ Not employed

SECOND APPLICANT

Title: *(please tick)*

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other _____

Surname:

Forename(s):

Date of Birth:

Occupation:

Employment status:

☐ Employed ☐ Self-employed ☐ Not employed

CHILDREN TO BE INSURED *(If applicable)*

Full name:

Date of birth:

POLICY

Product type: ☐ Premier
☐ Premier Plus

On the following basis: ☐ Individual ☐ Individual and partner
☐ Individual and children ☐ Family

Level of cover: ☐ Bronze ☐ Silver ☐ Gold

PAYMENT INFORMATION

Payment frequency:
☒ Monthly

Start date:

Preferred Direct Debit date:

Premium:
€

DECLARATION (Please read carefully)

I/We hereby apply for insurance to AmTrust International Underwriters DAC (the insurer) under their usual terms and conditions. I/We confirm that the information supplied by me/us in connection with this proposal is correct to my knowledge and belief. I/We note that I/we 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/us.

I/We 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:
(First applicant)

Signature:
(Second applicant)

Date:

Date:

THIRD PARTY DECLARATION

Please note: This section is only to be completed if the person paying for the plan is not the policyholder

I declare that I will pay the Direct Debit for the policy in the name of: _____
and this level of financial commitment is affordable now and in the future. Should a claim arise, I understand that I am not eligible to benefit in any way from the policy.

Signature of
account holder:

My relationship to the customer is: _____

DISCOUNT FUEL CARD

As a Hive member, you're also eligible to apply for a Discount Fuel Card provided by DCI, Ireland's leading fuel management provider. The card gives you an exclusive discount on every litre of fuel you purchase at participating stations plus a host of amazing benefits. Tick this box to consent to us acting as an introducer and passing your contact details to DCI, who will provide you with more details. ☐

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: ☐

For broker use only:

Broker's name:

Broker's signature:

Broker's agency number:

Cheque / credit card / direct debit mandate attached?: ☐ Yes ☐ No

Amount: €

PERSONAL ACCIDENT PLAN

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, Office 15, Lakeview Point, Unit 24 Claregalway Corporate Park, Claregalway, Co. Galway, H91 PX38.

Type of payment is recurrent/repeated

Date of signing:

Signature(s):

Please return this mandate to:

Hive Insurance Services DAC, Office 15, Lakeview Point, Unit 24 Claregalway Corporate Park, Claregalway, Co. Galway, H91 PX38.

Person on whose behalf payment is made:

(Name of policyholder, if different to above)

074 9161868 | www.hiveinsure.ie

OFFICE 15, LAKEVIEW POINT, UNIT 24 CLAREGALWAY CORPORATE PARK, CLAREGALWAY, CO. GALWAY, H91 PX38

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.

All covers under this insurance are underwritten by AmTrust International Underwriters DAC (Company Registration No 169384), regulated by the Central Bank of Ireland.
Registered address: 6-8 College Green, Temple Bar, Dublin, D02 VP48, Ireland. **PAPIRLAPP 05/2025**