

184 Templepatrick Road, Ballyclare, Co Antrim, Northern Ireland, BT39 0RA
 Tel: 028 9334 0200 Fax: 028 9334 2457

Name:					
Address:					
Postcode:		D.O.B		Email:	
Telephone:	Home:		Mobile:		

Also Required

Copy of Drivers Licence (Both Parts) + 2 other means of ID, 1 with proof of Address (ie Passport/Utility Bill etc)
 Please Note - Driver must be over 30 and under 65 years of age.

Driver Licence Number:		Expiry Date:	
Endorsements? (Penalty Points/Convictions)	Yes (please state below)	No	
No of Points, Dates & Conviction:			
			X Initial
Drivers Signature:	<input checked="" type="checkbox"/>		
Print Name:		Date:	

Hire Details

Price includes: Unlimited Milage, UK & ROI Insurance for 1 driver only, VAT, Breakdown Recovery, Cooker, Fridge, Crockery, Cutlery, Cooking Utensils, Radio/CD, Propane Gas, 4 man Bike Rack.

Hire Start Date:		End Date:	
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(Collect after 10am)

(Return before 4pm. Saturday 2pm)

Size: <small>please tick</small>	<input type="checkbox"/> 4 berth	<input type="checkbox"/> 5 berth	<input type="checkbox"/> 6 berth	No of People						
No of Wks =	@ £	per wk (+/or)	No of Days =	@ £	per day	Hire	£	A		
Extras	Second Driver	£10 per day	x	days	=	£	B			
	Sleeping Bags & Towels	£20 per person	x	people	=	£	C			
							Total A+B+C	£		
Deposit of £150 per week to secure booking							Deposit	- £	Rec'd	
To be paid in full 4 weeks prior to departure							Balance	£	Rec'd	
*(A) Insurance Excess Damage Deposit (Refundable subject to Terms & Conditions)							£950	£	<input checked="" type="checkbox"/> Initial	Rec'd
*or(B) May be limited to £150 (at a cost of £10 per day No of Days =							x £10 + £150	£	<input checked="" type="checkbox"/> Initial	Rec'd

***(to be paid by cash or credit card upon collection of Motorhome)**

Hire Total including Insurance Excess Deposit

£

Payment

I enclose cheque/postal order	Tick
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Or

Please debit my Credit/Debit Card	Tick
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Card Type:													
Card No:													
Expiry Date:					Sec No.								
Amount:	£												

Notes:			
Airport Pickup Required?	Time:		
Free Secure Parking Required?	Yes	No	

Please Note, cheques will not be accepted less than 4 weeks prior to departure

Office Use	Date Rec'd :
Initial	

I have read and accept the Motorhome Hire Terms and Conditions (available online www.hagansmotorhomes.com)

Signed:

HAGANS LEISURE GROUP - MOTOR HOME HIRE - DRIVER'S FORM
All questions must be answered in full, dashes will not be accepted by Insurance Companies

1. Driver Details:

Surname:			
Forename:			
Private Address:			
Date of Birth:			Post Code:

2. Motoring Convictions/Medical History/Insurance History:

a) Have you ever been convicted of a motoring offence or have a prosecution pending, or sustained a fixed penalty resulting in an endorsement of the licence which is still force? Yes () No ()

If Yes provide details in the space provided:-

Date of Offence	Date of Conviction	Offence Code	Penalty Points	Licence Endorsed?	If alcohol related state reading in m'grams/m'litre	Length of Ban Years/Months	Did Accident Occur?
				Yes/No			Yes/No
				Yes/No			Yes/No
				Yes/No			Yes/No

b) Do you have an uncorrected defect in vision or hearing, physical or mental infirmity or suffered from diabetes, epilepsy or any heart complaint? Yes () No ()

Receiving treatment now	Description of disability/condition	Date Diagnosed	Advised DVLA
Yes/No			Yes/No
Yes/No			Yes/No
Yes/No			Yes/No

Are you now, or have you ever been, insured in respect of any motor vehicle? Yes () No ()

Have you ever been refused insurance at normal terms? Yes () No ()

If Yes please provide details:-

3. Accidents, claims or losses

Have you been involved in any accidents, claims or losses during the last 5 years? Yes () No ()

Date of Accident	Details of Accident	Cost of Own Damage	Cost of Third Party Damage

Declaration:

I/We declare that the above statements and particulars which I/We have read over and checked are true and that no information has been withheld which might increase the risk or influence acceptance by Underwriters.

DRIVERS SIGNATURE _____ DATE _____

Please provide copies of both parts of your driving licence with this form.