



**MSA & ALL NON-MI LICENCE HOLDERS INTENDING TO COMPETE IN STAGE  
RALLIES, MULTI-VENUE AUTOTESTS &  
NAVIGATION/RETROSPECTIVE/ENDURANCE TRIALS IN THE REPUBLIC OF IRELAND**

Please find herewith a proposal/renewal form for BRDS/OS (British or Overseas Rally Drivers Scheme) Insurance for MSA and all non-Motorsport Ireland Licence holders intending to compete in the above events in the Republic of Ireland. Each renewal will require the completion of a Declaration Form containing details of Accidents/Convictions in the preceding 36 months and these should they have occurred, may lead to loadings on the standard premium terms. It is important to note that the BRDS will be valid for a maximum of 12 months and will carry an Expiry Date of December 31<sup>st</sup> annually.

**Notes on completion of application form:** 1. Applications will not be processed unless accompanied by a copy (front and back) of your current Competition Driver's Licence and €100 fee. 2. Name as per Competition Licence must be used on the application form and on all entry forms when entering events. 3. Applications MUST be received a MINIMUM of 14 DAYS before cover is required.

**When completed, this Form with a photocopy of the applicant's current MSA or other ASN FIA Driver Competition Licence and the administration fee of €100 (payable by Bank Draft, Credit Card or Cash. EURO only can be accepted.) should be returned by post or email to Motorsport Ireland, 34 Dawson Street, Dublin, 2. D02 RF90 / [info@motorsportireland.com](mailto:info@motorsportireland.com)**

Under arrangements agreed with MI Insurers an updated database will be posted each week on Motorsport Ireland's website: [www.motorsportireland.com](http://www.motorsportireland.com) /Home/Latest News/IRDS & BRDS Database, which will be available to be viewed by all concerned.

**Please note that prior to an event it is the APPLICANT'S RESPONSIBILITY TO CHECK IF THEIR NAME AND CORRECT LICENCE NUMBER APPEARS ON MI THE IRDS/BRDS DATABASE.**

**Scope of Cover:**

Third Party Only including Legal Liability to Passengers.

**Premiums:** (payable to event organisers)

Special Stage Rallies, Multi-Venue Autotests & Navigation/Retrospective/Endurance Trials €50 per event (including Government Levy)

---

**Card Payment Slip**

Please debit my  Visa  Mastercard  Debit Card for the following amount €100

Credit Card Number:

Expiry Date:     CVV No.:    (Last 3 digits on back of card)

Name as printed on card: \_\_\_\_\_ Signature \_\_\_\_\_  
IN BLOCK CAPITALS PLEASE

Address : \_\_\_\_\_

\_\_\_\_\_ Phone No.: \_\_\_\_\_

**NOTE:** Application forms **MUST** be received a **MINIMUM OF 14 DAYS** before cover is required



RETURN THIS FORM BY POST TO: Motorsport Ireland, 34 Dawson Street, Dublin, 2. D02 FR90  
Phone No.: 00 353 1 6775628 OR EMAIL: info@motorsportireland.com

**IRISH/BRITISH/OS RALLY DRIVERS' SCHEME**

APPLICATION FOR THIRD PARTY ONLY ROAD SECTION RALLY, MULTI-VENUE AUTOTEST & NAVIGATION/RETROSPECTIVE/ENDURANCE TRIALS INSURANCE(EXCLUDING RACING, PACEMAKING, SPEED-TESTING & SPECIAL STAGES)

**THIS FORM MUST BE COMPLETED IN FULL FOR ALL RENEWAL AND FIRST-TIME APPLICATIONS**

It is the Applicant's responsibility to check if their name appears on IRDS/BRDS Database available to view on [www.motorsportireland.com](http://www.motorsportireland.com) /Home/Latest News/IRDS&BRDS Database.

NORMAL RATES/OTHER

BRDS NUMBER:

**IMPORTANT: PLEASE COMPLETE ON BLOCK CAPITALS**

- If all questions are not answered **FULLY** the proposal will not be accepted. "Dashes" or answers left blank are **NOT** acceptable.
- All "open road" accidents must be advised immediately to Motorsport Ireland.

**YOU MUST DISCLOSE ALL FACTS LIKELY TO INFLUENCE THE ASSESSMENT AND ACCEPTANCE OF THIS PROPOSAL.  
IF YOU FAIL TO DO SO, YOUR INSURANCE MAY NOT OPERATE OR NOT OPERATE FULLY.**

**PURPOSE FOR WHICH INSURANCE IS REQUIRED (CIRCLE):**

COMPETITOR

OFFICIAL

TYPE OF EVENT  
CIRCLE

**STAGE RALLY/NAVIGATION TRIALS/RETROSPECTIVE TRIALS/ENDURANCE TRIALS/MULTI-VENUE AUTOTEST**

Name of Applicant  
**AS PER COMPETITION LICENCE**

Address

Email Address

Telephone

Occupation

Date of birth

1. How long has a full driving licence been held?(Normal Minimum Requirements 6 Months) Years \_\_\_\_\_ Months \_\_\_\_\_
2. Have you ever been convicted of any offence with a Motor Vehicle or is any such prosecution pending? **YES/NO**  
If "YES", please give full details \_ Date/Circumstances/Type of Offence/Penalty

3. Have you been involved in any Motor Accident during the last 3 years? **YES/NO**  
If "YES", please state circumstances and cost of damage/injury

4. Have you ever suffered from defective vision or hearing, diabetes, fits, heart condition or any other physical or mental infirmity that is required to be reported to the Authorities in relation to holding a Driving Licence? **YES/NO**  
If "YES", please give details below

**DECLARATION**

I declare the above statement and details are true and complete to the best of my knowledge and belief, and that no material facts have been withheld, misrepresented or mis-stated. I agree that this proposal will form the basis of the Contract between the insurers and me. I undertake to advise the insurers of any material fact or change affecting the continuance of the insurance, and I am willing to accept insurance subject to the Terms, Exceptions and Conditions usually contained therein for this class of risk. I warrant that the vehicle insured is, and will be, maintained in accordance with the requirements of the Republic of Ireland Road Traffic Act.

SIGNATURE OF PROPOSER \_\_\_\_\_

DATE \_\_\_\_\_

UNDERWRITERS RESERVE THE RIGHT TO CHARGE HIGHER PREMIUMS, IMPOSE TERMS OR TO DECLINE ANY PROPOSAL SUBMITTED