



BREAK IN COVER DECLARATION

1. Name of Policyholder: _____

2. Broker Reference: _____

3. Reason for Break In Cover:

I confirm that I have not been involved in any accidents and there are no convictions pending since my previous insurance expired on _____ until I re-insured my vehicle on _____ .

Signature of Policyholder: _____ Date: _____

Please return this completed form along with a copy of your driving license to the address below or scan and email to customer.service@hughesinsurance.co.uk.

**Customer Service
Hughes Insurance
4 Jubilee Road
Newtownards
Co. Down
BT23 4WN**