



Your Motor Insurance schedule

Your policy number	xxxxxxxxxxxx
Date of issue	DD Month YYYY
Policyholder	Mr Geraint Fred Williams OBE
Date of birth	DD Month YYYY
Address	
Homeowner	Yes
Policy period	DD Month YYYY HH:MM to DD Month YYYY HH:MM

Demands and needs

Your requirements have been assessed to make sure this cover is consistent with your demands and needs. As this policy is non-advised, you haven't been provided with a personal recommendation on which cover and options you should take.

This policy meets the demands and needs of those who want insurance cover for their vehicle(s) and/or trailer(s) including:

- *bullets to be added here later*
- *bullets to be added here later*
- *bullets to be added here later*

Please read this summary alongside your other documents which detail what's covered, what's not covered, the extent of cover and any key limits under each section.

Please check your documents carefully

Your insurance cover is based on the information **you've** given **us**, as shown in this document. Please check it carefully and get in touch if anything is incorrect. If **you** don't take reasonable care when answering **our** questions, additional terms or premium may be applied, **your** claim may be rejected or reduced, or **your policy** may be cancelled.



Premium for this policy

<i>premium table to be added here later</i>	

We'll confirm **your** billing details separately.