

PRIVATE CARS • COMMERCIAL VEHICLES • MOTOR CYCLES

PLEASE PROVIDE FULL ANSWERS TO ALL QUESTIONS. IF SPACE IS INSUFFICIENT PLEASE ATTACH A SEPARATE SHEET OF PAPER

IN COMPLETING THE PROPOSAL FORM PLEASE ENSURE THAT QUESTIONS ARE ANSWERED FULLY AND ACCURATELY AND WHERE NECESSARY SCHEDULES GIVING FURTHER EXPLANATION ARE PROVIDED.

IMPORTANT NOTICE CONCERNING DISCLOSURE

IT IS YOUR DUTY TO DISCLOSE ALL MATERIAL FACTS TO THE COMPANY.

A MATERIAL FACT IS ONE THAT IS LIKELY TO INFLUENCE AN UNDERWRITER'S JUDGMENT AND ACCEPTANCE OF YOUR PROPOSAL. IF YOUR PROPOSAL IS A RENEWAL OF AN EXISTING POLICY, IT SHOULD ALSO INCLUDE ANY CHANGE IN FACTS PREVIOUSLY ADVISED TO THE COMPANY. IF YOU ARE IN ANY DOUBT AS TO WHETHER OR NOT FACTS ARE CONSIDERED MATERIAL, YOU SHOULD DISCLOSE THEM.

1. DETAILS OF PROPOSER

NAME OF PROPOSER: TITLE: (MR/MRS/MISS, ETC)

SEX: M F

MAILING ADDRESS:
(INCLUDING POSTAL CODE)

OCCUPATION AND NATURE OF DUTIES (INCLUDING ANY PART TIME OCCUPATION) _____

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS:

PLACE OF BUSINESS

ANNUAL OCCUPATION INCOME:
(ST. VINCENT & THE GRENADINES/TRINIDAD & TOBAGO ONLY)

TELEPHONE NO. WORK HOME MOBILE

DATE OF BIRTH: COUNTRY OF BIRTH: NATIONALITY:

E-MAIL: FAX NO.:

NATIONAL REGISTRATION (ID) NO OR COMPANY NO.: VAT NO.

TYPE OF PHOTO IDENTIFICATION:

PERIOD OF INSURANCE: FROM TO

How long have you been continuously driving? _____

DO YOU HAVE ANY AFFILIATION TO GOVERNMENT OFFICIALS, MILITARY OFFICIALS OR ANY PERSON WHO PROVIDES AN IMPORTANT PUBLIC FUNCTION/S FOR THE STATE? YES NO

LICENCE NO.	ORIGINAL ISSUE DATE	EXPIRY DATE	CLASS / TYPE												
<input type="text"/>	<table border="1"> <tr> <td>DD</td> <td>MM</td> <td>YYYY</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	DD	MM	YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1"> <tr> <td>DD</td> <td>MM</td> <td>YYYY</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	DD	MM	YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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i. Have you had any driving convictions? YES NO
If yes, state details _____

ii. Has your licence ever been suspended or endorsed? YES NO

iii. Have you ever had insurance cancelled/declined or special terms imposed? YES NO
If yes, state details _____

iv. Are you entitled to a No Claim Discount from a previous insurer in respect of any of the vehicles to be insured? YES NO
If yes, please attach renewal notice or other proof _____

2. PARTICULARS OF VEHICLE(S) TO BE INSURED			
	1	2	3
A. REGISTRATION NO.			
B. ENGINE NO.			
C. CHASSIS NO. / VIN NO.			
D. MAKE AND MODEL			
E. VEHICLE ROOF TYPE	HARD <input type="checkbox"/> SOFT <input type="checkbox"/> OTHER <input type="checkbox"/>	HARD <input type="checkbox"/> SOFT <input type="checkbox"/> OTHER <input type="checkbox"/>	HARD <input type="checkbox"/> SOFT <input type="checkbox"/> OTHER <input type="checkbox"/>
F. TYPE OF BODY			
G. H.P OR C.C.			
H. YEAR OF MANUFACTURE			
I. CARRYING OR SEATING CAPACITY			
J. DATE OF PURCHASE			
K. PRICE PAID			
L. PRESENT VALUE			
M. LEFT OR RIGHT HAND DRIVE			
N. ANTI-THEFT DEVICE AND			
O. VEHICLE TRACKER			
<p>COVER</p> <p>THE COMPANY ISSUES THE FOLLOWING ALTERNATIVE FORMS OF POLICIES</p> <p>A) COMPREHENSIVE</p> <p>THIRD PARTY LIABILITY FOR INJURY TO PERSONS AND DAMAGE TO PROPERTY. LOSS OF OR DAMAGE TO THE INSURED VEHICLE BY ACCIDENT, FIRE OR THEFT, HURRICANE, EARTHQUAKE, VOLCANIC ERUPTION, FLOOD OR ANY CONVULSION OF NATURE, RIOT, STRIKE OR CIVIL COMMOTION.</p> <p>B) THIRD PARTY FIRE & THEFT</p> <p>THIRD PARTY LIABILITY FOR INJURY TO PERSONS AND DAMAGE TO PROPERTY. LOSS OF OR DAMAGE TO THE INSURED VEHICLE BY FIRE OR THEFT.</p> <p>C) THIRD PARTY</p> <p>THIRD PARTY LIABILITY FOR INJURY TO PERSONS AND DAMAGE TO PROPERTY.</p> <p>POLICIES (A), (B) AND (C) INCLUDE THE COVER REQUIRED UNDER THE THIRD PARTY INSURANCE LEGISLATION.</p>			
3. SELECT YOUR COVER	<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> THIRD PARTY FIRE AND THEFT <input type="checkbox"/> THIRD PARTY		
TO INDICATE COVER REQUIRED TICK(✓) APPROPRIATE BOX			
ANCILLARY COVER:			
A. Increased Windscreen damage	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	LIMIT _____
B. Seating capacity greater than 5 persons (incl. driver)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	LIMIT _____
C. Vehicle required to draw a trailer	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	LIMIT _____
D. Loss of Use (For private vehicles only. Seven days included, additional days may be purchased)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	No of DAYS _____
E. Increased Third Party Liability Limits	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	LIMIT _____
F. Increase excess amount?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	AMOUNT _____
4. WILL THE VEHICLE BE USED			
A. Only for Private pleasure purposes or travelling to and from your place of business (but not used during the course of your business)? B. During the course of your Business or employment for Commercial Travelling or the Carriage of Goods and samples (i.e. for business purposes)? C. On your business by your own employees or other persons D. For purposes other than A to C. If so please describe	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> _____ _____ _____		
5. CONDITION OF VEHICLE(S)			
A. Is the vehicle in a good state of repair? B. Has the vehicle been modified or converted from the manufacturer's standard specification? C. Are spare parts stocked locally	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

MOTOR INSURANCE APPLICATION

5. CONDITION OF VEHICLE(S) CONT'D		
D. Has the vehicle been involved in any accident or was a write off? E. Is the vehicle new or secondhand? If second hand, give name and Address of previous owner	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NEW <input type="checkbox"/> SECOND HAND <input type="checkbox"/>	_____ _____ _____
N.B. Any changes to the manufacturer's standard specification after the date of this application must be notified to the Company		
6. VEHICLE LOCATION		
A. Overnight address B. How will the vehicle be kept at night C. Daytime location	_____ LOCKED GARAGE <input type="checkbox"/> FENCED YARD <input type="checkbox"/> DRIVE AWAY <input type="checkbox"/> OTHER <input type="checkbox"/> LOCKED GARAGE <input type="checkbox"/> FENCED YARD <input type="checkbox"/> DRIVE AWAY <input type="checkbox"/> OTHER <input type="checkbox"/>	_____ _____ _____
7. OWNERSHIP OF VEHICLE(S)		
A. Are you the sole owner of the Vehicle(s) to be insured, and is/are it/they registered in your name? If 'no' please state particulars of ownership and registration. B. Are any of the Vehicles being financed by a Hire Purchase agreement or other type of contract? If 'yes' state name and address of finance company.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	_____ _____ _____ _____ _____
8. FITNESS AND YOUR ABILITY TO DRIVE		
Have you or any other person who may drive: A. Suffered from defective vision, hearing or any other disability? B. Now, or within the past 5 years, suffered from diabetes, fits, loss of consciousness or any complaint of the heart?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	_____ _____
9. ADDITIONAL DRIVERS (ALL OTHER PERSONS WHO WILL NORMALLY DRIVE THE VEHICLE(S))		
	1	2
I. NAME	(I)	(I)
II. ADDRESS:	(II)	(II)
III. Do you hold a Valid Driver's licence to drive the Insured Vehicle?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IV. OCCUPATION:	(IV)	(IV)
V. DATE OF BIRTH:	(V)	(V)
VI. DRIVER'S LICENCE DETAILS:	(VI)	(VI)
A. LICENCE NO:	(A)	(A)
B. ORIGINAL DATE OF ISSUE:	(B)	(B)
C. EXPIRY DATE:	(C)	(C)
D. LICENCE CLASSES/TYPE HELD:	(D)	(D)
VII. DRIVING CONVICTIONS:	(VII) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(VII) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
(PLEASE STATE DETAILS)		
VIII. Has your Driver's licence ever been endorsed?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
IX. Ever had motor insurances before?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

9. ADDITIONAL DRIVERS (ALL OTHER PERSONS WHO WILL NORMALLY DRIVE THE VEHICLE(S)) CONT'D			
X. Ever had insurances cancelled / declined / not renewed or special terms imposed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF 'YES' PLEASE GIVE DETAILS		<hr/> <hr/> <hr/> <hr/>	
10. CLAIMS EXPERIENCE OF DRIVERS			
Give particulars in the following schedule of any accidents or losses during the past five years in connection with any motor vehicle or motor cycle owned or driven by you (including the vehicle which is the subject of this proposal) and all other persons who to your own knowledge will drive. All accidents must be included whether insured or uninsured and whether resulting in a claim or not. If none, state "none" (ticks or dashes not accepted).			
DATE	NAME OF DRIVER	BRIEF DETAILS OF INCIDENT	COST OF CLAIM
11. ADDITIONAL INFORMATION - COMMERCIAL VEHICLE(S) ONLY			
11.1 IF USED FOR CARRIAGE OF GOODS			
a) What is their general nature? b) Do you undertake cartage for other persons? If answer to b) is 'Yes', please give details.		YES <input type="checkbox"/> NO <input type="checkbox"/> <hr/> <hr/> <hr/>	
11.2. IF USED FOR CARRYING PASSENGERS			
a) Are the Passengers carried for hire or reward? b) Is the Vehicle used for public service? c) State class of vehicle licence		YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <hr/>	
NB. Please read the following declaration very carefully and read again the questions and answers especially if not completed in your own hand, before signing the form. The Insurance Application is the Proposal and Declaration			
DECLARATION I/We declare that to the best of my/our knowledge and belief the above answers are true and correct. I/We declare that all material particulars affecting the assessment of the risk have been disclosed and that the vehicle(s) is/are in a sound and road-worthy condition. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. Signed by Proposer Name (Please print) Signature Date <div style="text-align: right;">dd/mm/yyyy</div>			

12. DETAILS OF JOINT INSURED

NAME OF JOINT INSURER: TITLE: (MR/MRS/MISS, ETC)
 SEX: M F

MAILING ADDRESS:
 (INCLUDING POSTAL CODE)

OCCUPATION AND NATURE OF DUTIES (INCLUDING ANY PART TIME OCCUPATION) _____

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS:

PLACE OF BUSINESS

ANNUAL OCCUPATION INCOME:
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 If yes, please attach renewal notice or other proof _____

13. DETAILS FOR COMMERCIAL ENTITY AS PROPOSER

1. NAMES OF SHAREHOLDERS/BENEFICIAL OWNERS

(I.E. THOSE WITH MORE THAN 10% SHAREHOLDING)

FULL NAME:	<input type="text"/>	Type of ID provided:	<input type="text"/>
FULL NAME:	<input type="text"/>	Type of ID provided:	<input type="text"/>
FULL NAME:	<input type="text"/>	Type of ID provided:	<input type="text"/>
FULL NAME:	<input type="text"/>	Type of ID provided:	<input type="text"/>
FULL NAME:	<input type="text"/>	Type of ID provided:	<input type="text"/>

2. DIRECTORS AND/OR OFFICERS WITH EFFECTIVE CONTROL

FULL NAME:	<input type="text"/>	Type of ID provided:	<input type="text"/>
FULL NAME:	<input type="text"/>	Type of ID provided:	<input type="text"/>
FULL NAME:	<input type="text"/>	Type of ID provided:	<input type="text"/>
FULL NAME:	<input type="text"/>	Type of ID provided:	<input type="text"/>
FULL NAME:	<input type="text"/>	Type of ID provided:	<input type="text"/>

3. AUTHORISED SIGNATORIES

FULL NAME:	<input type="text"/>	Type of ID provided:	<input type="text"/>
FULL NAME:	<input type="text"/>	Type of ID provided:	<input type="text"/>
FULL NAME:	<input type="text"/>	Type of ID provided:	<input type="text"/>
FULL NAME:	<input type="text"/>	Type of ID provided:	<input type="text"/>
FULL NAME:	<input type="text"/>	Type of ID provided:	<input type="text"/>

4. CERTIFICATE OF REGISTRATION PROVIDED?

YES NO

CERTIFICATE AND ARTICLES OF INCORPORATION PROVIDED?

YES NO

CONTINUANCE PROVIDED (WHERE APPLICABLE)?

YES NO