



Policy No. \_\_\_\_\_

**A. Proposer's Details (This should be information about the owners of the vehicle)**

\_\_\_\_\_ Title \_\_\_\_\_ 1. Full Name/Business Name \_\_\_\_\_ M  F  M  S  D  O   
2. Sex 3. Marital Status

\_\_\_\_\_ 4. Postal Address (Building Name/Apt. No., Parish, Country) \_\_\_\_\_ 5. National ID# / Business Reg. ID# \_\_\_\_\_

\_\_\_\_\_ D, D, / M, M, / Y, Y, Y, Y, \_\_\_\_\_ 7. Occupation and Employer / Nature of Business \_\_\_\_\_ ( \_\_\_\_\_ )  
6. Date of birth 8. Telephone (work)

\_\_\_\_\_ 9. Telephone (Home) \_\_\_\_\_ 10. Cellular \_\_\_\_\_ 11. E-mail Address \_\_\_\_\_ 12. Driving Licence number \_\_\_\_\_

\_\_\_\_\_ 13. Country issued by \_\_\_\_\_ D, D, / M, M, / Y, Y, Y, Y, \_\_\_\_\_ D, D, / M, M, / Y, Y, Y, Y, \_\_\_\_\_  
14. Date of 1st issue 15. Expiry Date 16. Vehicle types licensed to drive \_\_\_\_\_

**Joint Proposer's Details**

\_\_\_\_\_ Title \_\_\_\_\_ 1. Full Name \_\_\_\_\_ M  F  M  S  D  O   
2. Sex 3. Marital Status 4. E-mail Address \_\_\_\_\_

\_\_\_\_\_ 5. Postal Address (Building Name/Apt. No., Parish, Country) \_\_\_\_\_

\_\_\_\_\_ D, D, / M, M, / Y, Y, Y, Y, \_\_\_\_\_ 7. Date of birth \_\_\_\_\_ 8. Occupation and Employer \_\_\_\_\_  
6. National ID# 9. Telephone (work) \_\_\_\_\_ 10. Telephone (Home) \_\_\_\_\_ 11. Cellular \_\_\_\_\_ 12. Driving Licence number \_\_\_\_\_

\_\_\_\_\_ 13. Country issued by \_\_\_\_\_ D, D, / M, M, / Y, Y, Y, Y, \_\_\_\_\_ D, D, / M, M, / Y, Y, Y, Y, \_\_\_\_\_  
14. Date of 1st issue 15. Expiry Date 16. Vehicle types licensed to drive \_\_\_\_\_

**Accident and Insurance History**

17. Has any proposer been in a vehicular accident in the past five (5) years whether resulting in a claim or not and whether driving your vehicle or someone else's vehicle? YES  NO

18. If you answered YES to 17, please state: \_\_\_\_\_ # of accidents in 5 years

19. Your damage cost to settle \$ \_\_\_\_\_ 20. 3rd party damage cost to settle \$ \_\_\_\_\_ 21. Does any proposer suffer from defective vision or hearing or from any disease of physical infirmity? YES  NO

22. Has any proposer ever been prosecuted for any traffic offences in the past 5 years? YES  NO

23. Has any proposer ever been refused insurance or had special conditions imposed or previous insurances terminated? YES  NO

24. If you have answered YES in 21, 22 or 23 please give details below \_\_\_\_\_

**B. Additional Drivers**

**Additional Driver 1**

\_\_\_\_\_ Title \_\_\_\_\_ 1. Full Name \_\_\_\_\_ D, D, / M, M, / Y, Y, Y, Y, \_\_\_\_\_ 2. Date of birth \_\_\_\_\_ M  F  M  S  D  O   
3. Sex 4. Marital Status

\_\_\_\_\_ 5. Driving Licence number \_\_\_\_\_ 6. Country issued by \_\_\_\_\_ D, D, / M, M, / Y, Y, Y, Y, \_\_\_\_\_  
7. Date of 1st issue

\_\_\_\_\_ D, D, / M, M, / Y, Y, Y, Y, \_\_\_\_\_ 8. Expiry Date \_\_\_\_\_ 9. Vehicle types licensed to drive \_\_\_\_\_ 10. Occupation and Employer \_\_\_\_\_

11. Have you been in a vehicular accident in the past five (5) years whether resulting in a claim or not and whether driving your vehicle or someone else's vehicle? YES  NO

12. If you answered YES to 11, please state: \_\_\_\_\_ # of accidents in 5 years

13. Your damage cost to settle \$ \_\_\_\_\_ 14. 3rd party damage cost to settle \$ \_\_\_\_\_ 15. Does this driver suffer from defective vision or hearing or from any disease of physical infirmity? YES  NO

16. Has this driver ever been prosecuted for any traffic offences in the past 5 years? YES  NO

17. Has this driver ever been refused insurance or had special conditions imposed or previous insurances terminated? YES  NO

18. If you have answered YES in 15, 16 or 17 please give details below \_\_\_\_\_

**Additional Driver 2**

\_\_\_\_\_ Title \_\_\_\_\_ 1. Full Name \_\_\_\_\_ D, D, / M, M, / Y, Y, Y, Y, \_\_\_\_\_ 2. Date of birth \_\_\_\_\_ M  F  M  S  D  O   
3. Sex 4. Marital Status

\_\_\_\_\_ 5. Driving Licence number \_\_\_\_\_ 6. Country issued by \_\_\_\_\_ D, D, / M, M, / Y, Y, Y, Y, \_\_\_\_\_  
7. Date of 1st issue

\_\_\_\_\_ D, D, / M, M, / Y, Y, Y, Y, \_\_\_\_\_ 8. Expiry Date \_\_\_\_\_ 9. Vehicle types licensed to drive \_\_\_\_\_ 10. Occupation and Employer \_\_\_\_\_

11. Have you been in a vehicular accident in the past five (5) years whether resulting in a claim or not and whether driving your vehicle or someone else's vehicle? YES  NO

12. If you answered YES to 11, please state: \_\_\_\_\_ # of accidents in 5 years

13. Your damage cost to settle \$ \_\_\_\_\_ 14. 3rd party damage cost to settle \$ \_\_\_\_\_ 15. Does this driver suffer from defective vision or hearing or from any disease of physical infirmity? YES  NO

16. Has this driver ever been prosecuted for any traffic offences in the past 5 years? YES  NO

17. Has this driver ever been refused insurance or had special conditions imposed or previous insurances terminated? YES  NO

18. If you have answered YES in 15, 16 or 17 please give details below \_\_\_\_\_

**C. Tell us about your vehicle(s) to be insured**

**First Vehicle**

1. Registration # \_\_\_\_\_ 2. Main Driver \_\_\_\_\_ 3. Make & model of vehicle \_\_\_\_\_ 4. Type of body \_\_\_\_\_  
D,D / M,M / Y,Y,Y,Y

5. Cubic capacity \_\_\_\_\_ 6. Year of Manufacture \_\_\_\_\_ 7. Seating capacity incl driver \_\_\_\_\_ 8. No. of Side Doors \_\_\_\_\_ 9. Date of purchase \_\_\_\_\_

10. Price Paid \$ \_\_\_\_\_ 11. Estimated total present value \$ \_\_\_\_\_ 12. Transmission Type: Manual  Automatic  13. Vehicle Roof Type: Hard Top  Soft Top  Other

14. Colour of Vehicle \_\_\_\_\_ 15. Engine Number \_\_\_\_\_ 16. Chassis Number \_\_\_\_\_

17. Please indicate what this vehicle will be used for: Social, Pleasure, Domestic:  Private Tuition:   
 Drive to Work Only:  For use in business:

18. Has this vehicle been modified or converted from the makers specifications? YES  NO

19. Do you intend to modify this vehicle in any way from the makers specifications? YES  NO

20. Do you require cover for permanently fitted in-car audio, television, phone, CB Radio, games-consoles or electronic-navigation equipment that are not standard to your vehicle? YES  NO

21. Is this vehicle: (a) owned by the proposer? YES  NO   
 (b) registered in the proposer's name? YES  NO

22. a. Has this vehicle ever been involved in an accident? YES  NO   
 b. Is this vehicle new or second-hand? NEW  SECOND HAND   
 c. Is this vehicle left or right hand drive? RIGHT  LEFT   
 d. Does the vehicle have a Fibre Glass Body? YES  NO   
 e. Was the vehicle ever written-off? YES  NO

23. Name & Address of mortgagee or other interest \_\_\_\_\_

**Second Vehicle**

1. Registration # \_\_\_\_\_ 2. Main Driver \_\_\_\_\_ 3. Make & model of vehicle \_\_\_\_\_ 4. Type of body \_\_\_\_\_  
D,D / M,M / Y,Y,Y,Y

5. Cubic capacity \_\_\_\_\_ 6. Year of Manufacture \_\_\_\_\_ 7. Seating capacity incl driver \_\_\_\_\_ 8. No. of Side Doors \_\_\_\_\_ 9. Date of purchase \_\_\_\_\_

10. Price Paid \$ \_\_\_\_\_ 11. Estimated total present value \$ \_\_\_\_\_ 12. Transmission Type: Manual  Automatic  13. Vehicle Roof Type: Hard Top  Soft Top  Other

14. Colour of Vehicle \_\_\_\_\_ 15. Engine Number \_\_\_\_\_ 16. Chassis Number \_\_\_\_\_

17. Please indicate what this vehicle will be used for: Social, Pleasure, Domestic:  Private Tuition:   
 Drive to Work Only:  For use in business:

18. Has this vehicle been modified or converted from the makers specifications? YES  NO

19. Do you intend to modify this vehicle in any way from the makers specifications? YES  NO

20. Do you require cover for permanently fitted in-car audio, television, phone, CB Radio, games-consoles or electronic-navigation equipment that are not standard to your vehicle? YES  NO

21. Is this vehicle: (a) owned by the proposer? YES  NO   
 (b) registered in the proposer's name? YES  NO

22. a. Has this vehicle ever been involved in an accident? YES  NO   
 b. Is this vehicle new or second-hand? NEW  SECOND HAND   
 c. Is this vehicle left or right hand drive? RIGHT  LEFT   
 d. Does the vehicle have a Fibre Glass Body? YES  NO   
 e. Was the vehicle ever written-off? YES  NO

23. Name & Address of mortgagee or other interest \_\_\_\_\_

**D. Insurance Needed**

1. Tell us what type of insurance you need: Comprehensive  Third Party Fire & Theft  Third Party  Other

**E. EXCESS:** (1) Own Damage: \$ \_\_\_\_\_ (4) Undeclared Drivers: \$ \_\_\_\_\_  
 (2) Young OR Inexperienced Drivers: \$ \_\_\_\_\_ (5) Hire Car and Travel Expenses: \$ \_\_\_\_\_  
 (3) Young AND Inexperienced Drivers: \$ \_\_\_\_\_ (6) Other: \$ \_\_\_\_\_

**F. Tell us what additional cover or optional benefits you may need:** Personal Accident:  Windscreen Damage:  Medical Expenses:  Modify Excess:  Perils:   
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**G. Dates for insurance coverage** D,D / M,M / Y,Y,Y,Y Start Date \_\_\_\_\_ D,D / M,M / Y,Y,Y,Y End Date \_\_\_\_\_ Please let us know the total number of vehicles you own: \_\_\_\_\_

**H. Is the proposer entitled to a No Claim Discount from previous insurers in respect of any of the vehicles included?** YES  NO   
 If YES, please attach the renewal notice or other proof.

**I. Has the proposer been, or is now insured in respect of any motor vehicle?** YES  NO   
 If YES, please state name and address of Company or Underwriter and Policy or Certificate Number \_\_\_\_\_

**J. Important Notice**

The questions on this proposal generally supply sufficient information for us to assess the risk. However, there may be some special feature concerning you or your vehicle, its location or use that is not covered by the questions but which might nevertheless affect our judgement. If you think of anything which might influence the likelihood or severity of a loss, please give full details below. If you are in any doubt whether a fact may affect our judgement you should tell us, as failure to do so could invalidate the insurance.

**K. Declaration**

(1) I declare & warrant that the above statements made by me or on my behalf are true & correct.  
 (2) I agree that this proposal & declaration shall be the basis of the contract between me & the Company & I agree to accept a policy in the Company's usual form for this class of insurance.  
 (3) I undertake that the vehicle(s) to be insured shall not be driven by any person who to my knowledge has been refused any motor vehicle insurance or continuance thereof.

Date D,D / M,M / Y,Y,Y,Y \_\_\_\_\_ Proposer's Signature \_\_\_\_\_

Ensure that you are fully insured. Ask for details of the following covers: (Tick those applicable)  
**Personal Accident** ( ) **Business Insurance** ( ) **The Buildings of Your Home** ( ) **The Contents of Your Home** ( ) **Yacht or Pleasure Boat** ( )

Agent's No. \_\_\_\_\_ Agent's/Broker's Signature \_\_\_\_\_