



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. Alias _____ 5. Date of birth DD / MM / YY _____ 6. Place of Birth _____ 7. Nationality _____ 8. Country of Citizenship _____

9. National ID# / Business Reg. ID# _____ 10. Postal Address/Physical Address (Building Name/Apt. No., Parish, Country) _____

11. Are you affiliated with any high ranking Government, military or State Officials? Yes No If yes, please state affiliations _____

12. Is the annual premium to be paid in excess of \$10,000.00 local currency? Yes No If yes, please complete the Declaration of Source of Funds form.

13. Telephone (work) _____ 14. Telephone (Home) _____ 15. Cellular _____ 16. E-mail Address _____

17. Occupation and Employer / Nature of Business _____ 18. Driving Licence Number _____ 19. Country issued by _____

20. Date of 1st issue DD / MM / YY _____ 21. Expiry Date DD / MM / YY _____ 22. 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. Alias _____ 6. Place of Birth _____ 7. Nationality _____ 8. Country of Citizenship _____

9. Are you or are you affiliated with any high ranking Government, military or State Officials? Yes No If yes, please state affiliations _____

10. Postal Address/Physical Address (Building Name/Apt. No., Parish, Country) _____

11. National ID# _____ 12. Date of birth DD / MM / YYYY _____ 13. Occupation and Employer _____

14. Telephone (work) _____ 15. Telephone (Home) _____ 16. Cellular _____ 17. Driving Licence Number _____

18. Country issued by _____ 19. Date of 1st issue DD / MM / YYYY _____ 20. Expiry Date DD / MM / YYYY _____ 21. Vehicle types licensed to drive _____

Accident and Insurance History

1. 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 2. If you answered YES to 1, please state: # of accidents in 5 years _____

3. Your damage cost to settle \$ _____ 4. 3rd party damage cost to settle \$ _____ 5. Does any proposer suffer from defective vision or hearing or from any disease of physical infirmity? YES NO

6. Has any proposer ever been prosecuted for any traffic offences in the past 5 years? YES NO 7. Has any proposer ever been refused insurance or had special conditions imposed or previous insurances terminated? YES NO

8. If you have answered YES in 5, 6 or 7 please give details below _____

B. Additional Drivers

Additional Driver 1

Title _____ 1. Full Name _____ 2. Date of birth DD / MM / YYYY _____ M F M S D O
 3. Sex 4. Marital Status

5. Driving Licence number _____ 6. Country issued by _____ 7. Date of 1st issue DD / MM / YYYY _____

8. Expiry Date DD / MM / YYYY _____ 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 five (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 _____ 2. Date of birth DD / MM / YYYY _____ M F M S D O
 3. Sex 4. Marital Status

5. Driving Licence number _____ 6. Country issued by _____ 7. Date of 1st issue DD / MM / YYYY _____

8. Expiry Date DD / MM / YYYY _____ 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 five (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

Form: 1-2

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
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
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
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
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: \$ (2) Young OR Inexperienced Drivers: \$ (3) Young AND Inexperienced Drivers: \$
(4) Undeclared Drivers: \$ (5) Hire Car and Travel Expenses: \$ (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 Start Date DD/MM/YYYY End Date DD/MM/YYYY 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 D₁D₂ / M₁M₂ / Y₁Y₂Y₃Y₄

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 _____