

Please provide full answers to all questions. If space is insufficient please attach a separate sheet of paper

We require one form of government issued photo identification and proof of address (e.g., utility bill, bank statement no more than 3 months old) to complete your application.

Important Notice Concerning Disclosure: It is your duty to disclose all material facts to Underwriters. 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 Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

PART 1 DETAILS OF PROPOSER FOR: PRIVATE CARS COMMERCIAL VEHICLES MOTOR CYCLES

Full Name of Proposer: _____ Title: _____

If a Company, State Full Legal Name: _____

Residential Address: _____

Mailing Address: _____

Employer's Name: _____

Employer's Address: _____

Occupation: _____ Nature of Duties: Full-time Part-time _____

Place of Business: _____

Annual Occupation Income (St. Vincent & The Grenadines Only): _____

Contact Nos./Fax No.: (H) _____ (W) _____ (M) _____ (F) _____

Marital Status: _____ Gender: _____

Email address: _____

National ID No./Company's No.: _____ VAT No.: _____

Type of Photo Identification Provided: _____ Proof of Address Provided: _____

Date of Birth: _____ Country of Birth: _____ Nationality: _____

Period You Require Insurance From: _____ To: _____

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

How long have you been continuously driving? _____ Driving Licence No.: _____

Original Issue Date (DD-MM-YY): _____ Expiry Date (DD-MM-YY): _____ Class/Type: _____

Have you had any driving convictions? Yes No

If Yes, state details: _____

Has your licence ever been suspended or endorsed? Yes No

Have you ever had insurance canceled/declined or special terms imposed? Yes No

If you answered Yes, to any of the above questions, please state details: _____

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. Attached

PART 2 COVER

The company issues the following alternative forms of Policies:

A) Comprehensive

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.

B) Third Party Fire & Theft

Third party liability for injury to persons and damage to property. Loss of or damage to the insured vehicle by fire or theft.

C) Third Party

Third party liability for injury to persons and damage to property.

Policies (A), (B) and (C) include the cover required under the third party insurance legislation.

Select Your Cover: Comprehensive Third Party Fire And Theft Third Party

Ancillary Cover:

- A. Increased Windscreen damage required? No Yes Limit: _____
- B. Seating capacity greater than 5 persons (incl. driver)? No Yes Limit: _____
- C. Vehicle required to draw a trailer? No Yes Limit: _____
- D. Loss of Use (For private vehicles only)? No Yes No. of Days: _____
(Cover not available in all markets. Please check with your local agent to determine if this cover is available to you.)
- E. Increased Third Party Liability Limits required? No Yes Limit: _____
- F. Do you wish to voluntarily increase your excess amount? No Yes Amount: _____

PART 3 PARTICULARS OF VEHICLE(S) TO BE INSURED

1.	Vehicle 1	Vehicle 2	Vehicle 3
A. Registration No.			
B. Engine No.			
C. Chassis No. / VIN No.			
D. Make and Model			
E. Vehicle Roof Type	<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"/> Hard <input type="checkbox"/> Soft <input type="checkbox"/> Other
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	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
N. Anti-Theft Device			
O. Vehicle Tracker			

2. Will the Vehicle be used:

- a. Only for Private pleasure purposes or traveling to and from your place of business (but not used during the course of your business)? No Yes
 - b. During the course of your business or employment for commercial traveling or the Carriage of Goods and samples (i.e. for business purposes)? No Yes
 - c. On your business by your own employees or other persons? No Yes
 - d. For purposes other than a to c. No Yes
- If Yes, please describe: _____

3. Condition of Vehicles:

- a. Is the vehicle in a good state of repair?..... No Yes
 - b. Has the vehicle been modified or converted from the manufacturer’s standard specification? No Yes
 - c. Are spare parts stocked locally? No Yes
 - d. Has the vehicle been involved in any accident or was a write off? No Yes
 - e. Is the vehicle new or secondhand? New Secondhand
- If Secondhand, give Name and Address of previous owner: _____

N.B. Any changes to the manufacturer’s standard specification after the date of this application must be notified to the Company.

4. Vehicle Location

- a. Overnight address: _____
- b. Where will vehicle be kept at night? Locked Garage Fenced Yard Driveway Other _____
- c. Where will vehicle be kept during day? Locked Garage Fenced Yard Driveway Other _____

5. 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? No Yes
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?..... No Yes
If Yes, state name and address of finance company: _____

6. **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?** No Yes
- b. **Now, or within the past 5 years, suffered from diabetes, fits, loss of consciousness or any complaint of the heart?** No Yes

7. **Additional Drivers (all other persons who will normally drive the vehicle(s))**

	Driver 1	Driver 2
a. Name		
b. Address		
c. Do you hold a valid Drivers' Licence for the Insured vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Occupation		
e. Date of Birth		

	Driver 1	Driver 2
f. i. Driver's Licence (DL) No.		
ii. Original Date of DL Issue		
iii. Expiry Date of DL		
iv. Licence Class/Type held		
g. Detail any driving convictions		
h. Has your Driver's Licence ever been suspended or endorsed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Have you ever had motor insurances before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Have you ever had Insurances canceled/declined/not renewed or has special terms imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered Yes to any of the above questions, please provide details: _____

8. 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

SECTION 4 DETAILS OF PROPOSAL: COMMERCIAL VEHICLES ONLY

9. If used for Carriage of goods:
 a. What is their general nature? _____
 b. Do you undertake cartage for other persons? Yes No
 If Yes, please give details: _____

10. If used for Carrying Passengers:
 a. Are the Passengers carried for hire or reward? Yes No
 b. Is the Vehicle used for public service? Yes No
 c. State class of vehicle licence: _____

PART 5 DECLARATION

Note: The Insurance Application is the Proposal Form and Declaration

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.

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.

Name of Proposer (Please print) _____

Signature _____ Date _____

INTERNAL USE ONLY

Information Requested: Medical Certificate Current Market Valuation Road Worthy Certificate

Total Premium _____ Stamp Duty/Tax _____ Total _____

Cover/Excess Explained To Proposer? Yes No

All Required Supporting Documents Provided? Yes No

Underwriter _____ Location _____ Date _____

PART 6 DETAILS OF JOINT INSURED

Full Name of Proposer: _____ Title: _____

If a Company, State Full Legal Name: _____

Residential Address: _____

Mailing Address: _____

Employer's Name: _____

Employer's Address: _____

Occupation: _____ Nature of Duties: Full-time Part-time _____

Place of Business: _____

Annual Occupation Income (St. Vincent & The Grenadines Only): _____

Contact Nos./Fax No.: (H) _____ (W) _____ (M) _____ (F) _____

Marital Status: _____ Gender: _____

Email address: _____

National ID No./Company's No.: _____ VAT No.: _____

Type of Photo Identification Provided: _____ Proof of Address Provided: _____

Date of Birth: _____ Country of Birth: _____ Nationality: _____

Period You Require Insurance From: _____ To: _____

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

How long have you been continuously driving? _____ Driving Licence No.: _____

Original Issue Date (DD-MM-YY): _____ Expiry Date (DD-MM-YY): _____ Class/Type: _____

Have you had any driving convictions? Yes No

If Yes, state details: _____

Has your licence ever been suspended or endorsed? Yes No

Have you ever had insurance canceled/declined or special terms imposed? Yes No

If you answered Yes, to any of the above questions, please state details: _____

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.

PART 7 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.

Name of Proposer (Please print) _____

Signature _____ Date _____

PART 8 ADDITIONAL DETAILS FOR COMMERCIAL ENTITY AS PROPOSER

1. Names of Shareholders/Beneficial Owners (i.e., those with more than 10% shareholding)

Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	

2. Directors and/or Officers With Effective Control

Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	

3. Authorised Signatories

Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	

4. Certificate of Registration Provided? Yes No
 Certificate and Articles of Incorporation Provided? Yes No
 Continuance Provided (where applicable)? Yes No

PART 9 TRANSACTION DETAILS

Method of Payment: Cash Cheque Debit Card Wire Transfer Amount: \$ _____

For Wire Transfers:

Account of Originator: _____ Company: _____
 Name of Originator: _____ Address of Originator: _____
 ID/PP No. of Originator: _____ ID/PP Country of Issue: _____

Declaration of Source of Funds

I Declare that the Source of Funds is: _____

Customer Name: _____ Signature/Stamp: _____ Date: _____

FOR OFFICIAL USE

Transaction Accepted Transaction Declined Transaction Incomplete Other _____

COMMENTS: