

PROPOSER DETAILS

Organisation Legal Name			
Organisation Trade Name (if different from Legal Name)			Nature of Organisation/Industry
Organisation Type	Organisation TRN	Phone Number	Organisation Email Address
Registered Address (Street Number and Name)		Town	Parish/Country
Mailing Address , if different from above (Street Number and Name)		Town	Parish/Country

CONTACT PERSON

Surname	First Name	Phone No.	Email Address
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PARTICULARS OF VEHICLE TO BE INSURED

Year of Make	Make and Model	Registration No.	Chassis	Sum Insured

*For additional vehicles, please provide details by attaching a list to this form using the above layout.

Has the vehicle been modified or converted from makers' standard specification or do you intend to do so? Yes No
 If yes, please give details:

Is there a loan on the vehicle?

LOAN PROVIDER

Name of Financial Institution	Address (Street Number and Name, Town, and Parish/Country)
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Select Coverage Required Comprehensive Third Party Fire & Theft Third Party only

Where will the vehicle be garaged? My Address Other _____

Is the Proposer now insured or was previously insured in respect of any vehicle(s)? Yes No
 If yes, state the name of the Insurance Company:

Are you entitled a No Claim Discount? Yes No
 If yes, attach proof of No Claim Discount Letter or Renewal Notice.

Has any Insurer(s) in respect of the Proposer or any other person who will regularly drive, ever:

- Declined your proposal? Yes No
- Required an increased premium or imposed special conditions? Yes No
- Cancelled or refused to renew an existing insurance? Yes No

If yes to any of the above, give details below:

Who is allowed to driver? The insured(s):

- And Any Authorised Driver Plus Two Named Drivers Plus One Named Driver The Insured Only

The Vehicle will be registered in: My Name Only My Name and _____

Will anyone driving your vehicle:

Be under the age of 21 years old? Yes No Have driving experience less than 12 months? Yes No

Provide particulars of anyone driving your vehicle that are under the age of 21 years old or have driving experience less than 12 months:

Name(s)	Occupation(s)	Date of Birth	Driver's Licence No.	Original Date of Issue	Relationship to Proposer

Will you be the regular driver of the vehicle? Yes No

If not, provide details of the regular driver(s) of the motor vehicle:

Name(s)	Occupation(s)	Date of Birth	Driver's Licence No.	Original Date of Issue	Relationship to Proposer

Have you or any regular drivers had any accidents or losses during the past three (3) years? Yes No

Has any vehicle owned by you been involved in an accident in the last three (3) years? Yes No

If yes, provide details below (if more space is required, attach details to this form in the same layout):

Date of Accident	Cost (Paid or Estimated)	Driver	Brief Details of Accident, Incident or Losses
	\$		
	\$		

To the best of your knowledge and belief have you, or any person who to your knowledge will drive, have suffered or now suffer from:

Defective vision or hearing? Yes No

Diabetes, Epilepsy, complaints of the heart or any other disease? Yes No

Any other physical or mental infirmity? Yes No

If yes, please give details:

I have read and understand the information provided in the Policy Summary: Yes No

Do you require increased limits (in excess of standard limits shown in the Policy Summary)? Yes No

If yes, you must complete and sign the Increased Limits addendum and attach to this form.

DUTY TO DISCLOSE. This proposal must be completed, dated and signed by the proposer. When answering the questions on this form, you must be honest and truthful. You have a duty under law to tell us anything known to you which is material to the questions asked as those answers will guide us in deciding whether to insure you or anyone else to be insured under the policy and on what terms. If you are in doubt as to whether a fact is relevant you should state it. Your duty to make full and frank disclosure occurs: (1) at the time of proposing for insurance. (2) during the currency of the policy, if there are any changes or variation in the information given and (3) at each renewal.

FAILURE TO DISCLOSE. If you do not comply with these duties and answer our questions honestly, the Company will be at liberty to treat your Policy as if it never existed and refuse to pay any claims you make under it.

DISCLAIMER : The liability of the Company does not commence until the acceptance of the proposal has been formally acknowledged by the Company and a premium or deposit has been paid, except as provided by an Official Cover Note issued by the Company. Private information will not be disclosed to a third party without your consent, unless the Company is properly required to do so by the Financial Services Commission, or the Company is so ordered by a court of competent jurisdiction or other due process of law.

I/We declare that the above answers are true and that all particulars affecting the assessment of the risk have been disclosed.

_____ Proposer's Signature	_____ Date	_____ Joint Proposer's Signature	_____ Date
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