



Please answer each question fully.

THE CLIENT

CUSTOMER NUMBER:

Name(s)		Date of Birth:			
		Age: Sex: Male: Female:			
National Insurance No. (NIB):		Nationality:			
		Please provide copy of either passport or voters card (REQUIRED)			
Driver's License No.: Year Obtained:		Occupation/Business:			
Please provide a copy of driver's license or NIB card (REQUIRED)		Place of Occupation:			
		Address:			
Street Address:		P.O. Box:		Email Address: (REQUIRED) :	
Telephone:	Home:	Cellular:	Work:	Fax:	

PARTICULARS OF VEHICLE TO BE INSURED

YEAR	MAKE & MODEL	BODY TYPE	C.C./C.I.	SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE	PRESENT VALUE

License Plate Number:

From whom as the vehicle purchased?

Coverage required *(please select & initial)*

1. Do you own the vehicle and is it registered in your name? If no, give details. **YES** **NO**
2. State the name and address of Bank or Finance Company if vehicle is financed.
3. Is the loan in your name? If not, whose name is it in? **YES** **NO**
4. Do you have any non-motor insurance with us? If YES, give details. **YES** **NO**
5. For what purpose will the vehicle be used?
6. If vehicle will be used primarily on an island other than New Providence, state name of the island.
7. Does your vehicle have any existing body damage? If YES, give details. **YES** **NO**
8. Has the vehicle ever been in an accident or declared a Total Loss or Salvage?

9. Give the following details of all persons likely to drive (except Proposer).

Name	Relationship	Age	Occupation/Place of Employment	Year license obtained	License No.

YES NO

10. Has the vehicle been modified or fitted with oversized tires or a high performance engine or equipment?
11. Have you, or to the best of your knowledge, any person likely to drive the vehicle(s) or has any Motor Vehicle under your control or belonging to you been involved in any accidents during the last five years?
12. Have you or any person likely to drive held a full license for less than two years?
13. Do you or any operator suffer from any physical impairment or medical condition?
14. Have you or any person likely to drive been charged with a motoring offence?
15. Will anyone under the age of 25 be driving?
16. Has any company during the past five years, declined, canceled, refused to renew or imposed conditions or an excess for you or any other person likely to drive?
17. Is the vehicle kept in a garage?
18. Is the vehicle fitted with an alarm?
19. Have you made any claims over the past five years?
If you have answered YES to any of the questions, give details below.

20. (a) Do you have or have you ever held a Motor Vehicle Insurance Policy?
If so, state: Name of Insurance Company:

Type of Insurance coverage held: _____ Period coverage held: _____

(b) Are you entitled to a No Claims Discount?

21. Do you own? If YES, please tick. HOME BOAT BUSINESS

OPTIONAL BENEFITS: Please tick if you decline the following optional benefits:

(a) Protected No Claims Discount Declined _____ (b) No Fault Benefit Declined _____

OFFICE USE ONLY

Driver Warranty:	Premium:
Collision Deductible \$:	Theft Deductible \$:
Insurance to operate for _____	months from _____

I/we hereby warrant the truth of the above statements, and I/we have withheld no information whatever which might tend in any way to increase the risk of the Company or influence the acceptance of the proposal. I/we agree that this Proposal shall be the basis of the Contract between me/us and _____, and I/we further agree to accept a Policy subject to its conditions, to pay the premium thereon and warrant that the vehicle(s) is/are and shall be kept in good repair and condition. I/we further declare and agree that if the above Statements and Particulars are in the handwriting of any person other than the undersigned such person shall be deemed to have been my/our Agent for the purpose of filling in this Proposal Form. I/we undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused Motor insurance or continuance thereof. I/we further undertake immediately to disclose to the Company any alterations affecting the truth of the answers given above. I/we agree that in the event that I/we claim under this Policy, all information may be shared with other Insurance Companies.

DATE: _____ **PROPOSER'S SIGNATURE** _____

Rates will be quoted on receipt of the above particulars. The company reserves the right to decline any proposal. No liability is accepted by the Company until the issue of the Policy and the payment of the premium, or the issue of a duly authorized cover-note.