

**MOTOR VEHICLE INSURANCE APPLICATION**

Note: It is essential that all questions are fully answered.

Policy #: \_\_\_\_\_ Agent: \_\_\_\_\_

Type of Coverage:     Private                       Commercial                       Rental                       Heavy Duty

**Section I - Applicant's Details**

1. Applicant's/ Proposers Name in Full: \_\_\_\_\_  
 2. D.O.B: \_\_\_\_\_ 3. Occupation/Profession: \_\_\_\_\_ 4. Tel.#: \_\_\_\_\_  
 5. Fax #: \_\_\_\_\_ 6. Email #: \_\_\_\_\_ 7. Website: \_\_\_\_\_  
 8. Mailing Address: \_\_\_\_\_  
 9. If Motor Vehicle will be kept at a different address, state here: \_\_\_\_\_

**Section II - Motor Vehicle Details (If more than one, please attach on a separate sheet)**

Make of Motor Vehicle	Model/Type	Year of Manu.	Color	Engine Capacity CC/HP	License Plate/Reg. #	Seating Including driver	Price & Date of Purchase	Applicant's/ Proposer's current estimate of Motor Vehicle including Spare parts & accessories
Vin./Chassis#:						Engine#:		
Is the Vehicle (or any of the vehicles if insuring a motor fleet); <input type="checkbox"/> Right Hand Drive <input type="checkbox"/> Left Hand Drive								

10. Select, for which of the following purposes will the Motor Vehicle be used?  
 Social, Domestic and Pleasure purposes  
 The Carriage of Passengers and their effects for Hire or Reward  
 The Carriage of Goods or Samples in connection with the business or the Applicant/proposer.  
 The Transport of Goods or Samples in connection with any Trade or Business for Hire or Reward.
11. Is the Applicant/Proposer the owner of the vehicle ?     Yes     No (If No, please state the name of the owner \_\_\_\_\_)  
 12. Is the Motor Vehicle registered in the Applicant's name ?     Yes     No (If No, please state whose name is it reg. \_\_\_\_\_)  
 13. Is the Motor Vehicle the subject of a Mortgage Agreement ?  Yes     No (If Yes, state the name of the Finance Co. \_\_\_\_\_)

**Section III - Proposer's/Applicant's/Driver's Details/Experience**

14. Does the Applicant/Proposer, or any other person who to the Applicant's/Proposer's knowledge will drive, suffer from any defective vision or hearing, or from any other disease or physical infirmity ?  Yes     No ( If Yes, Please provide details \_\_\_\_\_ )  
 15. How long has the Applicant/Proposer been a regular licensed driver ? \_\_\_\_\_  
 16. Has the Applicant/Proposer, or any other person(s) who according to the Applicant's/Proposer's knowledge will drive, been charged and/ or convicted during the past five years of any offense in connection with any Motor Vehicle?  Yes     No (If Yes, give full details including any prosecutions pending \_\_\_\_\_ )  
 17. Proposer's/Applicant's Driver's License No. \_\_\_\_\_ Date of Issue/Expiry \_\_\_\_\_ Class(es) \_\_\_\_\_  
 18. Will the Motor Vehicle be driven solely by the Applicant/Proposer ?  Yes     No (If the Motor Vehicle will be driven by someone other than the Applicant/Proposer, state details below;

Name & Occupation of each such person	D.O.B	Drivers' License number & Length of driving experience	State whether any such person(s) have been refused insurance by any Company or Underwriter at normal rates and terms	Details of all accidents or losses during the last three years
<input type="checkbox"/> ANY DULY AUTHORISED DRIVER, AGE 25 & OVER, LICENCED AT LEAST TWO (2) YEARS				

