

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 on a attach 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, please state the name of the Finance Co. _____)

Section III – Proposer’s/Applicant/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 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 Drivers’ 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 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.

ANY DULY AUTHORISED DRIVER, AGE 25 & OVER, LICENCED AT LEAST TWO (2) YEARS

