

COMMERCIAL MOTOR VEHICLE INSURANCE PROPOSAL

COVER PROVIDED

The following alternative forms of cover are available: (see Question 20)

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|-------------------------------|---|--|
| 1. THIRD PARTY | - | Liability for injury to third parties and damage to property of third parties |
| 2. THIRD PARTY FIRE and THEFT | - | Liability for injury to third parties, damage to property of third parties, and loss of or damage to the Insured Vehicle by fire or theft |
| 3. COMPREHENSIVE | - | Liability for injury to third parties, damage to property of third parties, and loss of or damage to the Insured Vehicle |

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

PLEASE USE BLOCK LETTERS	1.	(a)	Name of Proposer(s) (Mr./Mrs./Miss)	INDIVIDUALS ONLY	DATE OF BIRTH
			_____		Month Day Year
		(b)	Address (home) _____		
			_____ Contact No(s) _____		
		(c)	Mailing Address (if different from home) _____		
		(d)	Home e-mail address _____		
		(e)	Trade, occupation, profession (include part-time) _____ Marital Status _____		
		(f)	Driver's Permit No _____ Date of Issue _____ Class(es) _____		MM / DD / YY
		(g)	Name of Employer _____		
		(h)	Address _____		
			_____ Telephone No _____		
		(i)	Employment e-mail address _____		
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	2.		Do you have any other insurance(s) with this Company? If 'YES' please give particulars	YES	NO

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	3.		Will anyone driving or who will drive your motor vehicle	YES	NO
		(a)	be less than 25 years of age?	YES	NO
		(b)	have less than 2 years regular driving experience?	YES	NO
			If 'YES' to either of these please give		
			Driver's Name _____ Date of Birth _____		
			Driver's Permit No _____ Date of Issue _____ Class(es) _____		
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	4.		Have you, or has anyone who will drive your motor vehicle, ever suffered from defective vision, hearing or any other physical disability or infirmity? If 'YES' please state the nature of the disability or infirmity and whether any corrective actions have been undertaken	YES	NO

5. Have you, or has anyone who will drive your motor vehicle, ever been convicted of any offence? YES ___ NO ___
 If 'YES' please state the date and nature of the conviction

6. Have you ever insured a motor vehicle in your name? YES ___ NO ___
 If 'YES' please state the name(s) and Branch office(s) of the Insurers, Policy No (if known), Vehicle No. and "No Claim Discount" (if any)

7. Have you been driving a Motor Vehicle regularly during the past twelve months? YES ___ NO ___
 If 'NO' please state how long has it been since you drove regularly

8. Has any Insurer ever
 (a) declined your proposal? YES ___ NO ___
 (b) increased your premium? YES ___ NO ___
 (c) imposed special conditions on your policy? YES ___ NO ___
 (d) refused to continue or renew your policy? YES ___ NO ___
 (e) cancelled your policy? YES ___ NO ___
 If 'YES' to any of these please give details

9. Have you, or has anyone who will drive your motor vehicle, ever had any accidents or losses or made any claims (including windscreen damage claims) during the past three years in connection **with this or any other motor vehicle?** YES ___ NO ___

If 'YES' please give details _____

GIVE A SEPARATE ANSWER FOR EACH YEAR

Year	Total No. Vehicles Owned/ Driven	Total Number Accidents/ Losses		Own Damage		Third Party Property Damage		Third Party Bodily Injury	
				No.	Amount	No.	Amount	No.	Amount
			Paid						
			Outstanding						
			Paid						
			Outstanding						
			Paid						
			Outstanding						

Please State particulars of these _____

10. PARTICULARS OF THE MOTOR VEHICLE(S) TO BE INSURED

Reg. No.	Make & Model	Type of Body	H.P. / C.C.	Tons	Year of Manu	Seating Capacity Incl. Driver	Purchase Date & Price	Market Value Incl Standard Accessories	Engine Number	Chassis Number

Do you wish to insure the following items if installed in addition to, or as a replacement of manufacturers' Standard Items? YES ___ NO ___

Audio/Visual Equipment \$ _____ Special Paint Works/Advertising/Graphics\$ _____
 Mag Rims\$ _____ Any other major accessories\$ _____

NOTE: You are required to ensure that the Sum Insured is revised each year to reflect the current market value as claims will be settled on an indemnity basis. For total losses you will be paid the market value at the time of the loss or the amount for which the vehicle is insured whichever is less.

11. Has your motor vehicle been modified:-
 (i) to carry a load heavier than stated in the Maker's published specifications? YES ___ NO ___
 (ii) in any way or fitted with oversized tyres or a high performance engine or equipment? YES ___ NO ___
 (iii) to carry an increased number of passengers? YES ___ NO ___
 If 'YES' please give details _____

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12. Does the motor vehicle incorporate any lifting equipment hoist boiler or other equipment or apparatus that makes it a Tool of Trade? YES ___ NO ___
 If "YES" please give details _____

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13. Is your motor vehicle
 (a) new? _____ secondhand? _____ 'foreign used'? _____
 (b) registered in your name? YES ___ NO ___
 (c) the subject of a hire purchase or lease or mortgage agreement? YES ___ NO ___
 If 'YES' please state name and address of the finance company _____

 (d) left hand drive YES ___ NO ___
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14. Has your motor vehicle ever been involved in an accident? YES ___ NO ___
 If 'YES' please give details _____

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15. Is your motor vehicle in good condition and repair and will it be kept so? YES ___ NO ___
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16. (a) Where will your motor vehicle be kept (in your answer please indicate whether the vehicle is in a locked garage, or open carport within a fenced and locked area, or otherwise) during the night?

 (b) Please state how many vehicles will be kept at the same premises _____
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17. Is your motor vehicle fitted with an anti-theft device? YES ___ NO ___
 If 'YES' please state the name and type of such device and date installed _____

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18. Will the vehicle be used to draw any trailer? YES ___ NO ___
 If 'YES' please give particulars - Licence Registration Number _____ Make & Model _____
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19. Will your motor vehicle be used
 (a) for any purpose in connection with a business or trade? YES ___ NO ___
 If 'YES' please give details _____

 (b) for racing, pacemaking, speed testing, competitions, rallies or trials or the carriage of passengers for hire or reward? YES ___ NO ___
 If 'YES' please give details _____

 (c) for purposes other than the carriage of your own goods? YES ___ NO ___
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20. Type of cover required is
 THIRD PARTY _____ THIRD PARTY FIRE and THEFT _____ COMPREHENSIVE _____
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21. **OPTIONAL EXTRA BENEFITS (Available at an additional cost for each item selected)**

Do you wish to extend the policy to include:-

- (a) loss or damage arising from flood hurricane windstorm tornado earthquake volcanic eruption or any other convulsion of nature? (Comprehensive only) YES ___ NO ___
- (b) windscreen and ALL glass damage? (Comprehensive and Fire & Theft) YES ___ NO ___
If 'YES' please indicate limit required: _____
- (c) increased Legal Expenses - Manslaughter YES ___ NO ___
If 'YES' please indicate Limit required in excess of \$10,000 : _____
- (d) Tool of Trade Liability YES ___ NO ___

22. Period of Insurance from _____ to _____

DECLARATION

I/We wish to effect insurance with **Guardian General Insurance Limited** on the terms conditions and exclusions of the Policy to be issued by the Company.

I/We warrant that:

- (a) the statements and particulars given by me/us in this proposal are to the best of my/our knowledge and belief true and complete
- (b) no material fact affecting the assessment of the risk has been misrepresented mis-stated suppressed or withheld
- (c) the motor vehicle is in good condition and repair.

I/We agree that this proposal and declaration shall form the basis of the contract between me/us and **Guardian General Insurance Limited** and shall be deemed to be incorporated in the Policy to be issued.

Proposer's Signature _____

Date _____