

MOTOR INSURANCE PROPOSAL FORM

Broker/Agent	
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Proposer's Name _____ Date of Birth _____
 Occupation _____ Employer/Place of employment _____
 Home Address _____ E-mail: _____
 Mailing Address _____ TRN _____
 Telephone Nos: Daytime/Work _____ Cellular _____ Home _____

1. Details of persons (INCLUDING YOURSELF) who will drive the vehicle (s):

Full Name	Date of birth	Occupation(s)	Date of first licence	Type of licence

2. Do you want to exclude persons under 23 years of age and/or licenced for less than 1 year? (Applicable to Integri-Pak)

3. Have you been or are you now insured in respect any motor vehicle? If yes, give details:

Insurance Company	Period of cover

4. Have you or anyone who is likely to drive the vehicle(s) been involved in any accident or made a claim in the past 3 years? If yes, give details:

Name	Date	Short description and amount paid

5. Have you or anyone who is likely to drive the vehicle(s) had any convictions in the past 3 years or is any prosecution pending for any offence in connection with a motor vehicle? If yes, give details:

Name	Date	Short description of offence and penalty

6. Have you or anyone who is likely to drive the vehicle(s) been refused motor insurance at normal rates and terms in the past 3 years? If yes, give details.	
7. Have you or anyone who is likely to drive the vehicle(s) had a motor insurance policy cancelled? If yes, give details.	
8. Have you or anyone who is likely to drive the vehicle(s) had to bear an excess or any part of a claim? If yes, give details.	

9. Do you or anyone who is likely to drive the vehicle(s) have any physical or mental disability, infirmity or disease? If yes, give brief description _____

10. Are you the owner of the vehicle and is it registered in your name? If no, state name and address of registered owner _____

11. Is any finance company (e.g. bank, credit union, car dealership) interested in the vehicle: If yes, give name and address? _____

12. Is the vehicle the subject of a duty concession? _____

13. Tick the option which best describes the intended use of the vehicle(s):
- Social domestic (including traveling to and from work) & pleasure only
 - Solely by you in connection with your business
 - Use by you in your employer's business
 - Use by your employees in your business
 - Use for hire or reward or in connection with the Motor Trade
 - Racing, competitions, trials, rallies

14. Tick the **type of cover** required for the vehicle:

- Private Comprehensive; Private Third Party Fire & Theft; Private Third Party only;
- Commercial Comprehensive; Commercial Third Party Fire & Theft; Commercial Third Party only

15. If Commercial cover is required state the type of goods, if any, which will be carried. _____

16. DETAILS OF VEHICLE:

Reg. No.	Make & Model & Chassis No.	Year	c.c.	Seating	Type of Body	Estimate of Value

17. Where will the vehicle be kept? _____

IF YOU ARE ENTITLED TO A NO CLAIM DISCOUNT PLEASE ATTACH THE RENEWAL NOTICE FROM THE PREVIOUS INSURER

ADDITIONAL QUESTIONS FOR COMMERCIAL VEHICLES

Do you carry goods for other persons for hire or reward or do you charge other persons for the use of the vehicle(s)?	
Has the vehicle(s) been altered or adapted to carry a load heavier than that stated in the maker's specification? If yes, give details.	
Will a trailer be drawn? If yes, state Make and Serial No. & Estimate of present value.	
State the general nature of goods to be carried by each vehicle or trailer.	
Will any vehicle or trailer carry goods of an explosive, inflammable or dangerous nature?	
State address at which the vehicle is usually kept.	

State the date on which the cover should begin _____

DECLARATION

I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/we undertake that the vehicle(s) to be insured:

- (a) will not be driven by any person who to my/our knowledge has been refused motor vehicle insurance or continuance thereof and
- (b) is or are in a road worthy condition, and will be so maintained during the currency of any policy issued by West Indies Alliance Insurance Company Limited.

I/We agree that this proposal shall be incorporated in and taken as the basis of the proposed contract between me/us and West Indies Alliance Insurance Company Limited

Signature

Date

Note: The Company is not on risk until a temporary cover note or Certificate of Motor Insurance has been delivered to the Proposer.

INTERNAL USE ONLY

Rate applied:

Premium (Plus GCT & Stamp Duty):