



THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

Unit 6, Independent Business Park, East Street South, P.O. Box SS-19023, Nassau, Bahamas. Tel.: (242) 323-4004

MOTOR VEHICLE PROPOSAL FORM

THE PROPOSER

Name:				Date of birth:	dd-mm-yyyy
Nationality:					
Home Address:				Phone:	
Mailing Address:				Phone:	
Business or Profession:			Email Address:		
Business/Employer's Name and Address:				Phone:	
Source of Funds for Payment of Premium: <input type="checkbox"/> Salary <input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Other If other, state:					

POLITICALLY EXPOSED PERSONS

Have you or any relative or close associate been entrusted with prominent public functions?

(e.g. Member of Parliament, Senate or Judiciary, Mayor, Senior Government Official or member of the Security Forces)

☐ Y ☐ N

If yes, Please state the following:

Name of person:		Relationship with him/her:	
Position held:		Other business activities:	

PROPOSER'S INSURANCE HISTORY

Do you currently have a motor vehicle insured elsewhere, or have you previously held a motor vehicle insurance policy? ☐ Y ☐ N If yes, give details below:

Insured (Names)	Period of Insurance	Insurer	Reason for Change of Insurer
	to		
	to		
	to		

(a) Are you entitled to a "NO CLAIM" discount under a previous policy? If yes, attach proof (eg. letter from previous Insurer).

☐ Y ☐ N

(b) Have you ever had an insurance proposal declined, been refused renewal, or had a policy cancelled. If yes, give details below:

☐ Y ☐ N

THE VEHICLE

Registration #:		Chassis #:		Year:	
Make:		Model:		Body Type:	
Seating Capacity:		Left-Hand/ Right-Hand Drive:			
Insured's Estimated Value of the vehicle, including accessories (Not applicable to Third Party policies):				\$	
Description of Accessories:					

If the response to questions (a), (b) or (c) below is YES, please give details in the space provided.

(a) To the best of your knowledge is the motor vehicle in a state of disrepair? ☐ Y ☐ N

(b) To the best of your knowledge has the motor vehicle ever been deemed a total loss? ☐ Y ☐ N

(c) Has the motor vehicle been modified from the manufacturer's specifications? ☐ Y ☐ N

(d) Will the motor vehicle be used solely for social, domestic and pleasure purposes including transit to and from work?

☐ Y ☐ N

If no, will the vehicle also be used for:

(1) Business purposes?

☐ Y ☐ N

(4) The transport of goods for reward?

☐ Y ☐ N

(2) Commercial travelling in connection with your business?

☐ Y ☐ N

(5) The transport of passengers for reward?

☐ Y ☐ N

(3) The transport of goods in connection with your business?

☐ Y ☐ N

(6) Rental or other?

☐ Y ☐ N

(e) If the motor vehicle will be used for (3) or (4) above, give details below:

Tonnage: Description of Goods Carried:

(f) Will you have complete custody and control of the motor vehicle?

☐ Y ☐ N

If not, give details:

(g) Will the motor vehicle be parked overnight at the proposer's address?

☐ Y ☐ N

If not, please state:

(h) Are you the actual owner of the motor vehicle? ☐ Y ☐ N If no, state:

(i) Is the motor vehicle solely in your name?

☐ Y ☐ N

☐ Y ☐ N

☐ Y ☐ N

Address:

Name	Relationship to Proposer	Occupation

If the response to any of the questions below is yes, please provide details in the space provided.

☐ Y ☐ N

☐ Y ☐ N

☐ Y ☐ N

(e) Have you had any accidents or losses during the past three years (whether insured or not) involving vehicles:

☐ Y ☐ N

☐ Y ☐ N

☐ Y ☐ N

Name	Year	No.	Details (including cost)

☐ Y ☐ N☐ Y ☐ N

☐ Y ☐ N

☐ Y ☐ N

☐ Y ☐ N

☐ Y ☐ N☐ Y ☐ N

☐ Y ☐ N

COVER REQUIRED:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire & Theft					
PERIOD OF INSURANCE:	From	DATE	TIME	to	DATE	TIME
						<i>at Midnight</i>

DATE: _____

PROPOSER'S SIGNATURE: _____

VEHICLE INSPECTED BY: Name: _____ Signature: _____

(Revised March 2020)