



**MOTOR VEHICLE PROPOSAL FORM**

**THE PROPOSER**

Name:				Date of birth:	dd-mm-yyyy
Social Security Number (SSN):		Email Address:		Nationality:	
Home Address:				Phone:	
Mailing Address:				Phone:	
Business or Profession:				Phone:	
Business/Employer's Name and Address:					
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:					

**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 ( <i>Not applicable to Third Party policies</i> ):				\$	
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?                                       | <input type="checkbox"/> Y <input type="checkbox"/> N | (4) The transport of goods for reward?      | <input type="checkbox"/> Y <input type="checkbox"/> N |
| (2) Commercial travelling in connection with your business?  | <input type="checkbox"/> Y <input type="checkbox"/> N | (5) The transport of passengers for reward? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| (3) The transport of goods in connection with your business? | <input type="checkbox"/> Y <input type="checkbox"/> N | (6) Rental or other?                        | <input type="checkbox"/> Y <input type="checkbox"/> 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 no, please state: \_\_\_\_\_
- (g) Will the motor vehicle be parked overnight at the proposer's address? ☐ Y ☐ N If no, please state: \_\_\_\_\_
- (h) Are you the actual owner of the motor vehicle? ☐ Y ☐ N If no, please state: \_\_\_\_\_
- (i) Is the motor vehicle solely in your name? ☐ Y ☐ N
- (j) Is the motor vehicle subject of a duty concession? ☐ Y ☐ N
- (k) Is the motor vehicle subject to a hire purchase or loan agreement? ☐ Y ☐ N
- Mortgagee: \_\_\_\_\_ Address: \_\_\_\_\_

**THE DRIVERS LIKELY TO DRIVE THE VEHICLE (INCLUDING THE PROPOSER).** Please submit a copy of the driver's licence for all persons named below.

Name	Relationship to Proposer	Occupation

(a) Will driving be: ☐ Open or ☐ Restricted solely to the drivers named above?

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

(b) To the best of your knowledge will any person who will drive the motor vehicle be the holder of a provisional (learner's) licence? ☐ Y ☐ N

If yes, please give details: \_\_\_\_\_

(c) To the best of your knowledge does any person who will drive the motor vehicle suffer from any illness or medical condition, whether physical or mental, **including but not limited to**, diabetes, hypertension, epilepsy, stroke, heart condition, fainting spells, hallucinations, defective vision or hearing? ☐ Y ☐ N

If yes, please give details: \_\_\_\_\_

(d) To the best of your knowledge in the past five (5) years, has any person who will drive the motor vehicle: (1) been fined, (2) had their licence endorsed/revoked, (3) been prosecuted for a motoring offence? ☐ Y ☐ N

Name	Year	Offence

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

(i) owned by you, whether or not you were the driver at the material time? ☐ Y ☐ N

(ii) not owned by you, but driven by you or in your custody at the material time? ☐ Y ☐ N

(f) Have any of the other persons who will regularly drive the vehicle had any accidents or losses during the past three years (whether insured or not) involving vehicles owned and or driven by them or in their custody at the material time? ☐ Y ☐ N

**If your answer to any of (e) or (f) above is yes, please provide the details below:**

Name	Year	No.	Details (including cost)

## DETAILS OF COVER

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>

I/WE HEREBY DECLARE that all the above Statements and Particulars are true and I/we further declare that if any of such particulars and answers are not in my/our writing the person or persons filling in such particulars and answers shall be deemed to be my/our agent for that purpose. I/We further understand that the Vehicle(s) referred to above is/are in good condition and undertake that the Vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof. I/We hereby agree that this Proposal and declaration shall be the basis of and be considered as incorporated in the policy to be issued hereunder which is in the ordinary form used by THE INSURANCE COMPANY OF THE WEST INDIES LIMITED for this class of insurance and which I/we agree to accept.

I/WE HEREBY ACKNOWLEDGE that THE INSURANCE COMPANY OF THE WEST INDIES LIMITED shares with other insurance companies, the Police and other such entities from time to time, information about its policyholders and their insurance transactions and I/we hereby consent to THE INSURANCE COMPANY OF THE WEST INDIES LIMITED sharing such information about my/our insurance transactions.

DATE: \_\_\_\_\_

PROPOSER'S SIGNATURE: \_\_\_\_\_

## OFFICIAL USE ONLY

VEHICLE INSPECTED BY: Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**N.B. AN INSPECTION FORM MUST BE COMPLETED IF THE VEHICLE HAS ANY DAMAGE**