



PARTICULARS OF APPLICANT(S)

Name of Applicant(s)

Business Address

Home Number Business Number

Business or Profession

Email Address

PARTICULARS OF VEHICLE TO BE INSURED

Registration No. Vehicle Make and Exact Model

Engine No. Type of Body

Chassis No. CC Rating or Hp Rating

Seating Capacity Right Hand or Left Hand Drive

Additional persons carried other than registered seats (MUST BE APPROVED)

Date of Purchase Price paid Present Value

Was the vehicle bought
 New Second Hand Reconditioned Year of Manufacture

Is the vehicle subject to any hire purchase or financing agreement? Yes No

Is there any assignment? Yes No If yes, give details

COVERAGE REQUIRED (Tick the appropriate box)

<input type="radio"/> Comprehensive Full Value	<input type="radio"/> Comprehensive First Loss- Part of Full Value
Sum Insured <input type="text"/>	Sum Insured <input type="text"/>
Excess <input type="text"/>	Excess <input type="text"/>
	Full Value <input type="text"/>
<input type="radio"/> Third Party Fire & Theft	<input type="radio"/> Third Party Coverage
Sum Insured <input type="text"/>	
Excess <input type="text"/>	



TICK THE APPROPRIATE BOX BELOW FOR THIRD PARTY LIMITS OF LIABILITY TO BE ATTACHED TO THE ABOVE COVERAGE

SCHEDULE OF LIMITS OF LIABILITY

PRIVATE / COMMERCIAL		THIRD PARTY LIABILITY		PASSENGER LIABILITY	
		Bodily Injury	Property Damage	Bodily Injury	Property Damage
<input type="checkbox"/> Third Party Act	Any one claim Any one Event	25,000 125,000	20,000 100,000	Nil Nil	Nil Nil
<input type="checkbox"/> Third Party A-Limits	Any one claim Any one Event	250,000 500,000	250,000 500,000	250,000 500,000	20,000 100,000
<input type="checkbox"/> Third Party A-Limits 2	Any one claim Any one Event	150,000 250,000	150,000 250,000	150,000 250,000	20,000 100,000
<input type="checkbox"/> Other	Any one claim Any one Event	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If Other, State	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you now hold or have held insurance for a motor vehicle please give:-

Expiry Date Name of Insurer

Do you have any other type of insurance with this Company?

Please give details

Where is the vehicle normally garaged?

What security devices are fitted to the vehicle?

Will the vehicle be used for		To whom do you require driving to be limited?
Social, domestic and pleasure purposes?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yourself only
Your own personal business use?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yourself and one other driver
Carriage of passengers for hire and reward?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yourself and two other drivers
Motor Trade purposes?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Any licenced driver

Please give details of all person(s) who will or may drive including yourself:-

Full Name	Occupation	Date of Birth	Licence No., Date of Issue & Date of Expiry	Licenced to Drive

Have you or any other who will or may drive the vehicle:-

- Been involved in a motor accident or claim in the last three years? Yes No
- Been convicted of any offence (s) e.g. fraud, dishonesty, theft or arson? Yes No
- Ever suffered/suffering from physical or mental infirmity e.g. diabetes, fits or heart complaint? Yes No
- Ever been quoted an increased premium or special terms imposed or refused insurance? Yes No

If yes to any of the above, give full details

FOR OFFICE USE ONLY

Policy No.	<input style="width: 90%;" type="text"/>	Customer No.	<input style="width: 90%;" type="text"/>
Inception Date	<input style="width: 90%;" type="text"/>	Basic Premium	<input style="width: 90%;" type="text"/>
Extension Premium	<input style="width: 90%;" type="text"/>	Discounts	<input style="width: 90%;" type="text"/>
Nett Annual Premium	<input style="width: 90%;" type="text"/>	Mode Premium	<input style="width: 90%;" type="text"/>
Mode of Payment	<input style="width: 90%;" type="text"/>	Producer	<input style="width: 90%;" type="text"/>

IMPORTANT: Please read and check your answers carefully before signing. The questions we ask here and any other we specifically ask you, all relate to facts considered material to our assessment of the proposal. If any false or misleading answer is given or information withheld all benefit under the policy may be lost. If you are in doubt as to whether any information is material to the insurance, you should disclose it. No insurance is in force until the proposal has been accepted by the company and the premium or a deposit paid except as provided by an official Cover Note issued by the Company.

DECLARATION: I/We desire to effect insurance for the chosen class on the warranty that the above statements or supplementary supplied are true and that nothing materially affecting the risk has been concealed. I/We agree that this Proposal be the basis of the contract between me/us and the Company and if anyone else complete this application form on my behalf they will be deemed to be my agent and not agent of the Company.

Signature of Proposer _____

Date _____

Completed By: _____

