

M & C General Insurance Company Ltd.

Head Office: 9-11 Bridge Street, P. O. Box 99, Castries
St. Lucia, W.I.

COMMERCIAL VEHICLE INSURANCE PROPOSAL

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

PLEASE
USE
BLOCK
CAPITALS

1. (a) Name of Proposer (in full) _____

(b) Address _____

(c) Trade, occupation, profession _____

2. Do you have any other insurances with M & C General Insurance Co. Ltd.? YES NO

If 'YES', please give particulars _____

3. How long have you or your driver held a valid drivers licence? _____

4. To your knowledge, will anyone driving the motor vehicle:
(a) Have less than two years regular driving experience? YESNO

(b) Be less than 25 years of age? YESNO

If 'YES', to either of these, please give driver's name and age. _____

5. Will anyone suffering from defective vision, hearing or any physical disability or infirmity drive your motor vehicle? YES NO

6. Have you ever been convicted of any offence in connection with the driving of any motor vehicle? YES NO

If 'YES', please state the date and nature of conviction _____

7. Has anyone who will drive your motor vehicle been convicted of any offence in connection with the driving of any motor vehicle? YES NO

If 'YES', please state the date and nature of conviction. _____

8. Are you now or have you ever is insured a motor vehicle in your name? YES NO

If 'YES', please state name of company. _____

9. Has any Insurance Company ever

(a) Declined your proposal? YES NO.....

(b) Increased your premium? YES NO.....

(c) Required you to carry/pay the first portion of any loss? YES..... NO.....

(d) Refused to renew or cancel your policy? YES NO.....

(e) Intimated that they would prefer you to place the business elsewhere or otherwise hinted or informed you that they do not wish to continue your insurance? YES NO

If 'YES', to any of these, please explain _____

10. Have you or has anyone who will drive your motor vehicle, ever had any accidents with this or any other motor vehicle? YES..... NO.....

If 'YES', please give details _____

GIVE A SEPARATE ANSWER FOR EACH YEAR

Year	Number of Vehicles	Number of Claims or Accidents	Accidental Damage	Third Party	Outstanding

11. (a) Is the motor vehicle kept on your premises at night? YES NO.....
If 'NO', state where _____

(b) How many vehicles are kept on the same premises? _____

12. Has the motor vehicle been modified in any way or fitted with oversized tyres or a high performance engine or equipment? YES NO.....

If 'YES', give details _____

13. Is your motor vehicle:
 (a) New Secondhand
 (b) Registered in your name? YES NO
 (c) Subject to a Hire Purchase or Mortgage Agreement? YES NO

If 'YES', please state the name of the Finance Company _____

14. Has the vehicle ever been involved in an accident? YES NO

If 'YES', give details. _____

15. Is the motor vehicle fitted with an anti-theft device? YES NO

If 'YES', please state name of device _____

16a. Will the vehicle be used for any purpose in connection with
 (i) The Motor Trade? YES NO

If 'YES', please give details. _____

(ii) Racing, pacemaking, speedtesting. YES NO

If 'YES', please give details

b. Will the motor vehicle be used for purposes other than the carriage of your own goods? YES NO

Please state the nature of the goods carried. _____

c. Will passengers be carried for hire or reward? YES NO

17. Is your vehicle motor in good condition and repair and will it be kept so? YES NO

18. Type of cover required is:

COMPREHENSIVE..... THIRD PARTY FIRE AND THEFT..... THIRD PARTY ONLY ACT

19. Do you wish to extend the Policy to include WINDSCREEN DAMAGE? YES NO

20. Do you wish to extend the Policy to include loss or damage and/or liability, arising from flood, typhoon, hurricane, windstorm, volcanic eruption, earthquake or other convulsion of nature? YES NO

21. Risk date from _____ to _____

PARTICULARS OF THE MOTOR VEHICLE (S) TO BE INSURED

Licence Reg. No.	Make	Type of Body	Horse Power of Cubic Capacity	Year of Manufacture	Seating Capacity (Incl. Driver)	Date Purchased	Market Value Incl Accessories	Engine No.	Chassis No.

NOTE: YOU ARE REQUIRED TO ENSURE THAT THE SUM INSURED IS REVISED EACH YEAR TO REFLECT THE CURRENT MARKET VALUE. CLAIMS WILL BE SETTLED ON AN INDEMNITY BASIS-FOR TOTAL LOSSES YOU WILL BE PAID THE ASSESSED PRE-ACCIDENT VALUE, PROVIDED THE SUM INSURED IS ADEQUATE,

I /We Warrant the above statements and Particulars which I/We have read over and checked are true, and that the motor vehicle(s) referred to is/are in good condition and repair. I/We desire to effect an insurance with M & C General Insurance Company Ltd. on the terms, conditions and exceptions of the Policy to be issued by the Company. I/We agree that this Proposal shall form the basis of the Contract between me/us and the Company, and shall be deemed as incorporated in the Policy to be issued.

Proposer's Signature _____ Date _____

The Liability of the Company does not commence until this Proposal is accepted and the premium is paid.

FOR OFFICE USE ONLY

STATEMENT OF PREMIUM

AGENT : _____ CODE _____

Gross _____ BRANCH _____

Extras _____ AUTHORISED & CHECKED BY: _____

POLICY NO _____

Less Discount _____ END'T/RESTRICTIONS: _____

NET PREMIUM \$ _____
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