

# M & C General Insurance Company Ltd.

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

## Private Motor Car Insurance Proposal

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

PLEASE  
USE  
BLOCK  
CAPITALS

1. (a) Name of Proposer (in full) \_\_\_\_\_ DATE OF BIRTH  
DAY MTH YR
- (b) Address (home) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No \_\_\_\_\_
- (c) Trade, occupation, profession \_\_\_\_\_
- (d) Name of employer \_\_\_\_\_
- (e) Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone No \_\_\_\_\_
2. Do you have any other insurances with M & C General Insurance? YES ..... NO .....  
If 'YES', please give particulars \_\_\_\_\_
3. How long have you held a valid drivers licence? \_\_\_\_\_
4. To your knowledge, will anyone driving your motor car:  
(a) Have less than two years regular driving experience? YES..... NO .....  
(b) Be less than 25 years of age? YES ..... NO .....  
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 car? YES ..... NO .....
6. Have you ever been convicted of any offences 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 car 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 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 car, 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. Will your vehicle be kept in a locked garage at night? YES ..... NO .....  
If 'NO', state where \_\_\_\_\_
12. Has the motor car 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 car  
(a) New \_\_\_\_\_ Secondhand \_\_\_\_\_  
(b) Registered in your name YES ..... NO .....  
(c) Subject of a Hire Purchase or Mortgage Agreement YES ..... NO .....  
If 'YES', please state the name of the Finance Company \_\_\_\_\_
14. Has this vehicle ever been involved in an accident? YES ..... NO .....  
If 'YES', give details \_\_\_\_\_
15. Is your motor car fitted with an anti-theft devise? YES ..... NO .....  
If 'YES', name of devise \_\_\_\_\_
16. Will your car be used for any purpose in connection with  
(i) The Motor Trade? YES ..... NO .....  
If 'YES', please give details \_\_\_\_\_  
(ii) Racing, pacemaking, speedtesting or the carriage of passengers for hire or reward? YES ..... NO .....  
If 'YES', please give detail \_\_\_\_\_
- b. Will your motor car be used only for private social and domestic purposes or travelling to and from your place of business? YES ..... NO .....  
If 'NO', please state other use \_\_\_\_\_
17. Is your motor car 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  
(a) WINDSCREEN DAMAGE (b) UNOBTAINABLE SPARE PARTS (c) HIGH EXCESS 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. Are you aware of any additional material facts which may influence underwriters consideration of this risk? YES ..... NO .....  
If 'YES', give details \_\_\_\_\_
- \_\_\_\_\_
22. Risk date from \_\_\_\_\_ to \_\_\_\_\_

**PARTICULARS OF THE MOTOR CAR(S) TO BE INSURED**

License Reg. No.	Make	Type of Body	Horse Power or 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 car(s) referred to is/are in good condition and repair. I/We desire to effect an insurance with M & C General Insurance Co. Ltd. on the terms, conditions and exceptions of the Policy to be issued by the Company. I/We agreed 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 \_\_\_\_\_

I/We understand that the Policy is on a 'Named Driver' basis and that no cover is afforded if my/our motor car is operated by any person not named as a driver and that a completed 'Named Driver' Form is required for each additional named driver.

Proposer's Signature \_\_\_\_\_ Date \_\_\_\_\_