

## PRIVATE MOTOR VEHICLE INSURANCE PROPOSAL

Client Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### COVER PROVIDED

The following alternative forms of cover are available: (see Question 17)

- |    |                            |  |
|----|----------------------------|--|
| 1. | THIRD PARTY                | - Liability for injury to third parties and damage to property of third parties  |
| 2. | THIRD PARTY FIRE and THEFT | - Liability for injury to third parties, damage to property of third parties, and loss of or damage to the <b>Insured Vehicle</b> by fire or theft |
| 3. | COMPREHENSIVE              | - Liability for injury to third parties, damage to property of third parties, and loss of or damage to the <b>Insured Vehicle</b>                  |

**EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY**

### 1. PERSONAL INFORMATION

- (a) Names of Proposer (s)/Company (in full) (i) \_\_\_\_\_  
State Mr, Mrs, Miss, Dr or other title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_
- (ii) \_\_\_\_\_  
State Mr, Mrs, Miss, Dr or other title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_
- (b) Date of Birth/ Incorporation (i): \_\_\_\_\_ Date of Birth/Incorporation (ii): \_\_\_\_\_  
MM/DD/YY MM/DD/YY
- Place of Birth/Incorporation (i): \_\_\_\_\_ Place of Birth/Incorporation (ii): \_\_\_\_\_
- Nationality (i): \_\_\_\_\_ Nationality (ii): \_\_\_\_\_
- Country of Residence (i): \_\_\_\_\_ Country of Residence (ii): \_\_\_\_\_
- Marital Status (i): \_\_\_\_\_ Marital Status (ii): \_\_\_\_\_
- (c) Residential/ Registered Address of Proposer \_\_\_\_\_  
\_\_\_\_\_
- (d) Mailing Address (if different) \_\_\_\_\_
- (e) Contacts No(s) \_\_\_\_\_ Email Address \_\_\_\_\_
- (f) Trade, occupation, profession (include part-time) (i) \_\_\_\_\_ (ii) \_\_\_\_\_
- (g) Name of Employer, and Business Activity: (i) \_\_\_\_\_ (ii) \_\_\_\_\_
- (h) If Business Entity, are you? Company  Partnership  NPO  Trust, Nominees or Other
- (i) Are you a Politically Exposed Person (PEP) or an immediate family member of a PEP? **YES**  **NO**   
**A PEP is an Individual such as a Head of State or Government, senior politician, senior government, judicial or military official, senior executive of State-owned corporations and important political party official who is or has been entrusted with prominent functions by a foreign country or domestically in the territory; or A Person who is or has been entrusted with a prominent function by an international organisation which refers to members of senior management such as directors and members of the board or equivalent functions. This category also includes immediate family members close personal and professional associates. If Yes is selected, This Proposal form must be accompanied by a PEP Memorandum.**
- (j) Driver's Permit No. \_\_\_\_\_ Date of Issue \_\_\_\_\_ Class(es) \_\_\_\_\_  
MM/DD/YY

2. Do you have any other insurance(s) with Guardian Group? **YES**  **NO**   
If 'YES' please give particulars \_\_\_\_\_

3. Will anyone driving or who will drive your motor vehicle
- (a) be less than 25 years of age? **YES**  **NO**
- (b) have less than 2 years regular driving experience? **YES**  **NO**
- Driver's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Driver's Permit No \_\_\_\_\_ Date of Issue \_\_\_\_\_ Class(es) \_\_\_\_\_

4. Have you been driving a Motor Vehicle regularly during the past twelve months? **YES** \_\_\_ **NO** \_\_\_

If 'NO' please state how long has it been since you drove \_\_\_\_\_

**5. Particulars of Vehicle to be insured:**

Registration	Make & Model	Chassis	Engine	Year of Make	C.C.	Seating	Type of Body	Sum Insured

Do you wish to insure the following items if installed in addition to, or as a replacement of manufacturers' Standard Items? **YES** \_\_\_ **NO** \_\_\_

Audio/Visual Equipment \$ \_\_\_\_\_ Special Paint Works/Advertising/Graphics \$ \_\_\_\_\_  
 Mag Rims\$ \$ \_\_\_\_\_ Any other major accessories \$ \_\_\_\_\_

6. Has your motor vehicle been modified in any way or fitted with oversized tyres or a high performance engine or equipment or is it your intention to do so? **YES** \_\_\_ **NO** \_\_\_

If 'YES' please give details \_\_\_\_\_

7. Is your motor vehicle  
 (a) new? \_\_\_ secondhand? \_\_\_ foreign used \_\_\_  
 (b) registered in your name **YES** \_\_\_ **NO** \_\_\_  
 (c) left hand drive **YES** \_\_\_ **NO** \_\_\_  
 (d) used to draw any trailer? **YES** \_\_\_ **NO** \_\_\_

If 'YES' please give particulars - License Registration Number \_\_\_\_\_  
 Make & Model \_\_\_\_\_

(e) the subject of a hire purchase or lease or mortgage agreement? **YES** \_\_\_ **NO** \_\_\_

If 'YES' please state name and address of the finance company \_\_\_\_\_

Address \_\_\_\_\_

8. Is your motor vehicle in good condition and repair and will it be kept so? **YES** \_\_\_ **NO** \_\_\_

9. Is your motor vehicle fitted with an anti-theft device? **YES** \_\_\_ **NO** \_\_\_

If 'YES' please state the name and type of such device and date installed \_\_\_\_\_

\_\_\_\_\_

10. Where will your motor vehicle be kept (in your answer please indicate whether the vehicle is in a locked garage, or open carport within a fenced and locked area, or otherwise) during the night?  
 \_\_\_\_\_

11. Have you, or has anyone who will drive your motor vehicle, ever suffered from defective vision, hearing, epilepsy or any other physical disability or infirmity? **YES** \_\_\_ **NO** \_\_\_

If 'YES' please state the nature of the disability or infirmity and whether any corrective actions have been undertaken \_\_\_\_\_

\_\_\_\_\_

12. Have you, or has anyone who will drive your motor vehicle, ever been convicted of any offence **YES** \_\_\_ **NO** \_\_\_ or traffic violations?

If 'YES' please state the date and nature of the conviction or traffic violation

\_\_\_\_\_

13. Have you ever insured a motor vehicle in your name? **YES** \_\_\_ **NO** \_\_\_

If 'YES' please state the vehicle number(s) and name(s) of the Insurers

\_\_\_\_\_

14. Has any Insurer ever

- (a) declined your proposal or cancelled your policy? **YES** \_\_\_ **NO** \_\_\_  
 (b) increased your premium or imposed special conditions on your policy? **YES** \_\_\_ **NO** \_\_\_  
 (c) refused to continue or renew your policy? **YES** \_\_\_ **NO** \_\_\_

If 'YES' to any of these please give details \_\_\_\_\_

\_\_\_\_\_

15. Have you, or has anyone who will drive your motor vehicle, ever had any accidents or losses including Total losses or made any claims (including windscreen damage claims) during the past three years in connection with this or any other motor vehicle? **YES** \_\_\_ **NO** \_\_\_

If 'YES' please give full details of each accident below

Date of Accident	Cost (Paid or Estimated)	Driver	Brief details of Accidents, Incident or losses

16. Will your motor vehicle be used

(a) for any purpose in connection with a business or trade? **YES** \_\_\_ **NO** \_\_\_

If 'YES' please give details \_\_\_\_\_

(b) for racing pacemaking speed testing competitions rallies or trials or the carriage of passengers for hire or reward? **YES** \_\_\_ **NO** \_\_\_

If 'YES' please give details \_\_\_\_\_

(c) only for social domestic and pleasure purposes and for travelling to and from your place of business? **YES** \_\_\_ **NO** \_\_\_

If 'NO' please give details \_\_\_\_\_

\_\_\_\_\_

17. Type of cover required is:

THIRD PARTY \_\_\_\_\_ THIRD PARTY FIRE and THEFT \_\_\_\_\_ COMPREHENSIVE \_\_\_\_\_

18. Period of Insurance from \_\_\_\_\_ to \_\_\_\_\_  
 MM/DD/YY MM/DD/YY

**19. OPTIONAL EXTRA BENEFITS (Available at an additional cost for each item selected)**

Do you wish to extend the policy to include:-

- (a) Special Perils - loss or damage arising from flood hurricane windstorm tornado earthquake volcanic eruption or any other convulsion of nature? YES \_\_\_ NO \_\_\_  
(Comprehensive only)
- (b) windscreen and ALL glass damage? (Comprehensive and Fire & Theft only) YES \_\_\_ NO \_\_\_  
If 'YES' please indicate limit required: \_\_\_\_\_
- (c) Personal Accident Benefit to un-named Passengers (between ages 17 and 65) YES \_\_\_ NO \_\_\_  
for the full seating capacity of the vehicle
- (d) Loss of Use (maximum of 10 days) YES \_\_\_ NO \_\_\_  
(Comprehensive only)

**DECLARATION**

I/We wish to effect insurance with **Guardian General Insurance Limited** on the terms conditions and exclusions of the Policy to be issued by the Company.

I/We warrant that:

- (a) the statements and particulars given by me/us in this proposal are to the best of my/our knowledge and belief are true and complete
- (b) no material fact affecting the assessment of the risk has been misrepresented mis-stated suppressed or withheld
- (c) the motor vehicle is in good condition and repair.

I/We agree that this proposal and declaration shall form the basis of the contract between me/us and **Guardian General Insurance Limited** and shall be deemed to be incorporated in the Policy to be issued.

Date (MM/DD/YY): \_\_\_\_\_ Signature of Proposer (s) \_\_\_\_\_

Corporate Clients: Affix Company Stamp