

S E N T R Y

(WEST INDIAN INSURANCES LIMITED)
JAMES STREET, P. O. BOX 1828
KINGSTOWN, ST. VINCENT
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COMMERCIAL VEHICLE INSURANCE PROPOSAL FORM

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS OR TICK AS APPROPRIATE.

1. Mr./ Mrs./ Miss : _____
2. Residential Address: _____
 Postal Address: _____
3. Cover Required: Comprehensive [] Third Party [] Fire & Theft [] Other []
4. Additional optional benefits:
 Riot & Strike cover Yes [] No [] Malicious Damage Yes [] No []
 Flood, Earthquake, Yes [] No [] Windscreen cover Yes [] No []
 Hurricane damage Yes [] No [] Other _____
5. Particulars of vehicle(s) to be insured:

Make & Model			
Body Style			
Engine Size			
Date of Manufacture			
Registration Numbers			
Engine Number			
Chassis Number			
Date of Purchase			
Insured Value			
If a GOODS VEHICLE , state:- (a) Maximum carrying capacity	(a)	(a)	(a)
(b) Value & carrying capacity of any trailers	(b)	(b)	(b)
If a PASSENGER VEHICLE , state:- Seating Capacity (including driver)			

6. Period of Insurance From

Day	Month	Year
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 To

Day	Month	Year
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7. Is Policy to be assigned? _____
 If 'YES' Name and Address of Mortgagee or other interest _____

8. Is the Proposer entitled to a No Claim Discount from previous insurers in respect of any of the vehicles included? Yes [] No []
 If so, please attach the renewal notice, or other proof.

9. Particulars about yourself (if an individual)

Date of Birth	Sex	Driving Permit No. Date of Issue/Expired and Class	Marital Status	Occupation	Telephone Number(s)

10. Particulars of persons likely to drive the vehicle regularly:

Name	Date of Birth	Sex	Driving Permit No. Date Issued/Expired and class	Marital Status	Occupation

11. In respect of this vehicle or any other driven and/or owned by you or any of the proposed drivers, has any loss, damage or liability arisen, whether insured or not in the past (3) three years? Yes [] No []

Enter particulars of any accidents, repair cost to own vehicles and third party vehicles.

12. Has the Proposer or any person who to the Proposer's knowledge will drive:
(a) suffered from defective vision or hearing or from disease or physical infirmity? Yes [] No []
(b) been prosecuted for any traffic offences in the past (5) five years? Yes [] No []
(c) been refused insurances or special conditions imposed or previous insurances terminated? Yes [] No []

If 'YES' enter particulars:

13. Is the Vehicle(s)
(a) owned by the Proposer? Yes [] No []
(b) registered in the Proposer's name? Yes [] No []
(c) modified or converted from maker's standard specifications or is it intended to do so? Yes [] No []

If 'YES' enter particulars:

14. Please tick if the vehicles are to be used as follows:
(a) Carriage of goods only [] (b) General Cartage (Enter nature of goods below) []
(c) Carriage of passengers-not for hire or reward (Enter number of passengers below) [] (d) Carriage of passengers for hire or reward (Enter number of passengers below) []
(e) Motor Trade []
(f) Social, domestic or pleasure purposes [] (g) Hauling more than one trailer []

15. Is the Proposer now insured in respect of any motor vehicle? Yes [] No []
If so, please state name and address of Company.

16. Has the vehicle ever been involved in any accident? Yes [] No []

17. Is the vehicle new or second hand?

18. Is the vehicle right hand drive? Yes [] No []

IMPORTANT NOTICE: The questions on this proposal generally supply sufficient information for us to assess the risk. However, there may be some special feature concerning you or your vehicle, its location or use that is not covered by the questions but which might neverthe-less affect our judgement. If you can think of anything which might influence the likelihood or severity of a loss, please give full details below. If you are in any doubt whether a fact may affect our judgement you should tell us, as failure to do so could invalidate the insurance.

EXCESS: (1) Section 1 (own damage) :
(2) Theft :
(3) Other Driver :

DECLARATION:

- (1) I declare that to the best of my knowledge and belief the above statements made by me or on my behalf are true and complete.
(2) I agree that this proposal and declaration shall be the basis of the contract between me and the Company and I agree to accept a policy in the Company's usual form for this class of insurance.
(3) I undertake that the vehicle(s) to be insured shall not be driven by any person who to my knowledge has been refused any motor vehicle insurance or continuance thereof.

Signature Date

Agent Date