

ST. HILL INSURANCE COMPANY LIMITED

Grenville Street, P. O. Box 1741, Kingstown

St. Vincent, West Indies

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INVOICE NO.:

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PROPOSAL FOR COMMERCIAL MOTOR VEHICLE INSURANCE MOTOR VEHICLES USED ON THE ISLANDS OF ST. VINCENT AND THE GRENADINES

PROPOSER'S FULL NAME: **Date of Birth** **National ID #**

(State whether Mr. Mrs. or Miss) Tel. No. (H) (W)

PROPOSER'S FULL ADDRESS: NUMBER OF DRIVERS EMPLOYED

PROPOSER'S BUSINESS OR OCCUPATION PREMIUM \$.....

PARTICULARS OF ALL VEHICLES TO BE INSURED

Make of Vehicle	Type of Body	R.A.C. Horse Power	Year of Manufacture & Engine No.	Registration Number	Price paid by Proposer & Date of Purchase	Maximum Carrying of seating capacity (including Driver)		Proposer's Estimate of present value (including Accessories & Spare Parts thereon)	
						Goods	Persons	Vehicle	Trailer

1. (a) Are you the Owner of the Vehicle and is it registered in your name? (If not, state the name and address of the Owner and the person in whose name the Car is registered) (a)
- (b) State where Vehicle(s) is/are usually garaged. (b)
- (c) How many of the Vehicles are garaged in the same building (if more than one Insured) (c)
2. Give full particulars of all purposes for which the vehicle(s) will be used.
3. Do you undertake cartage for other persons?
4. Will a Trailer or Trailers be used? If so, state number and maximum carrying capacity of each Trailer
5. Will Vehicle(s) be used for carrying passengers for hire or reward?
6. Do you, or does any person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity? If so, state particulars.
7. Have you or has any person who to your knowledge will drive been convicted during the last five years of any offence in connection with any Motor Vehicle or is any prosecution pending?
8. Are you now or have you been insured in respect of any Motor Vehicle? If so, please state name of Company or Underwriter.
9. Are you entitled to a No Claim Bonus from your previous insurers in respect of any of the Vehicles described in this proposal? If so, please attach Renewal Notice.
10. Has any Company or Underwriter ever:-
 - (a) declined your proposal or cancelled or refused to renew your Policy. (a)
 - (b) required you to bear the first part of the cost of any accident or loss? (b)
 - (c) imposed special conditions to insure you or required an increased premium? (c)

11. Have you had any accidents or losses during the last three years in connection with this or any other Motor Vehicle owned or driven by you? If so give particulars:-

Year	Total Number of Motor Vehicles owned by Proposer	Total Number of Accident and Losses	Damage to Motor Vehicles owned or driven by Proposer			Claims by Third Parties		Others	
				No.	Amount	No.	Amount	No.	Amount
			Paid						
			Outstanding						
			Paid						
			Outstanding						
			Paid						
			Outstanding						

12. Please state whether you wish to insure under:- (1) Comprehensive Insurance? (2) Third Party, Fire and Theft Insurance? (3) Third Party Only Insurance?
If a Comprehensive Insurance is required are the following Additional Perils to be included:- (1. a) Flood, Typhoon, Hurricane, Volcanic Eruption or other Convulsion of Nature. 13. (1. b) Strike, Riot and Civil Commotion (2) Ferry Transit (3) Windscreen Damage
14. Do you wish to insure your Legal Liability to non-fare passengers? If so, please state particulars.	
15. How many Vehicles are owned by you?	
16. Total number of Employees licensed to drive?	
17. Are any of your drivers under 25 years? If so, please state age.	
18. Policy Assigned to	
19. EXCESS: This insurance will be subject to a Compulsory Excess of each and every claim under this Policy.	
I/we warrant that the above statements and particulars, which I/we have read over and checked, are true and I/we hereby agree that this declaration shall be held to be promissory and shall form the basis of the contract between me/us and St. Hill Insurance Company Limited, and I/we undertake that the Car or Cars to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or Continuance thereof, and I/we hereby apply for and agree to accept a Policy as designated above subject to the terms, exceptions and conditions prescribed by the Insurers therein.	
Dated this day of 20..... INSURANCE TO COMMENCE REPLACING POLICY NO.: PREMIUM QUOTED BY.: PROPOSAL FORM COMPLETED BY.:	Proposer's signature POLICY NO.:
<p style="text-align: center;">N.B. Liability does not commence until Proposal has been accepted by St. Hill Insurance Company Limited and the premium paid except as provided for by an Official Covering Note issued by St. Hill Insurance Company Limited.</p>	

WARNING: If the answers to the above questions are not completed in Proposer's own handwriting, they should be carefully checked before this Proposal Form is signed.