

ST. HILL INSURANCE COMPANY LIMITED

Grenville Street, P. O. Box 1741, Kingstown
St. Vincent, West Indies

INVOICE NO.:

Telephone: (784) 457 1227

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PROPOSAL FOR PRIVATE CAR INSURANCE CARS USED IN ST. VINCENT AND THE GRENADINES

(NOTE: Please give a definite answer to each question. Ticks and dashes cannot be accepted as answers.)

PROPOSER'S FULL NAME:	Date of Birth	National ID #
(State whether Mr. Mrs. or Miss)	Tel. No. (H)	(W)
PROPOSER'S FULL ADDRESS:		
PROPOSER'S BUSINESS OR PROFESSION	PREMIUM \$.....	

PARTICULARS OF CAR OR CARS TO BE INSURED

Make of Car	Type of Body	Engine Capacity in Cubic Centimetres	Year of Manufacture	Purchase Date and Price Paid by Proposer	Engine No.	Registered Letters and Number	Seating Capacity (including Driver)	Proposer's Estimate of present value of Car (including Accessories & Spare Parts)

1. (a) Will Car be used SOLELY for social, domestic and pleasure purposes? (b) If not, state other uses	(a) (b)
2. Are you the Owner of the Car 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)	
3. (a) Will the Car be driven by members of your family? If so state: (b) Age (s) (c) How long they have been driving Motor Vehicles continuously? (d) Whether they have had any Motor Vehicle accidents or losses during the last three years	(a) (b) (c) (d)
4. Do you, or does any person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity?	
5. 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?	
6. How long have you been driving Motor Vehicles continuously?	
7. Are you now or have you been insured in respect of any Motor Vehicle? If so, please state name of Company or Underwriter.	
8. Are you entitled to a No Claim Bonus from your previous insurers in respect of any of the Cars described in this proposal? If so, please attach Renewal Notice.	
9. Has any Company or Underwriter ever:- (a) declined your proposal or cancelled or refused to renew your Policy? (b) required you to bear the first part of the cost of any accident or loss? (c) imposed special conditions to insure you or required an increased premium?	(a) (b) (c)

10.	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		
			Paid								
			Outstanding								
			Paid								
			Outstanding								
			Paid								
			Outstanding								

Please state whether you wish to insure under:-		
11. (1) Comprehensive Insurance?	
(2) Third Party, Fire and Theft Insurance?	
(3) Third Party Only Insurance?	
12. Will the Car be driven exclusively by a named person (not a paid Driver?)	
If so, state name
13. If more than one Car to be insured, state number in use at a time		
14. If a Comprehensive Insurance is required are the following Additional Perils to be included:-		
(1) "Flood, Typhoon, Hurricane, Volcanic Eruption or other Convulsion of Nature."	
(2) Ferry Transit	
(3) Windscreen Damage	
15. Excess Applicable – All Claims	
16. Policy Assigned to		
<p>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.</p>		
Dated this day of 20..... Proposer's signature		
INSURANCE TO COMMENCE POLICY NO.:		
REPLACING POLICY NO.:		
PREMIUM QUOTED BY.:.....		
PROPOSAL FORM COMPLETED BY.:		
<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.