

Private Vehicle Motor Proposal

Full name:

Full address:

Business or occupation:
(if more than one, state all)

Telephone Number: **Home**

Work:

Type of Cover Required :

1. **Tick purpose for which the vehicle will be used:**
2. **Driving Restrictions:**
3. **Particulars of vehicles to be insured (Note: Your estimate of present value must include accessories and spare parts)**

Make of Vehicle	Model	Engine Capacity	Year of Make	Registration No	Date of Purchase	Price Paid	Estimate of Present Value

4. **Has the vehicle been modified or converted -**
Performance:
Wheels and Tyres:
Suspension:
Lighting and Audio Accessories:
Other:

5. **Financial Interest:**

6. **Details of Drivers**

Name	Age	Does the person hold a valid drivers licence	Percentage of Use	Listed Physical Conditions	Offences

7. Have any accidents or losses (whether covered by insurance or not) occurred during the past three years in connection with any motor vehicle owned, driven or used by you? -
No

Year	Cost (paid or estimated)	Nature of payment (e.g. own damage, third party, etc.)	Brief details of the incident

8. If entitled to a “**No Claims Discount**” from your previous insurer in respect of any of the vehicles described in this proposal? please attach renewal notice or letter from insurer confirming entitlement.

I/We desire to insure with the Company in respect of the vehicle or vehicles described in the above proposal. I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/we agree that this proposal shall be incorporated in and taken as the basis of the proposed contract between me/us and the Company and I/we agree to accept a policy in the Company’s usual form for this class of insurance. I/we undertake that the vehicle or vehicles 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.

Signature _____

Date _____

Caribbean Alliance Insurance Company Limited – Reg. No. 2284
Registered Office: Cnr. Long & Temple Streets, P. O. Box 1609, St. John’s, Antigua

Commercial Vehicle Motor Proposal

Full name:

Full address:

Business or occupation:
(if more than one, state all)

Telephone Number:

Home

Work:

Type of Cover Required :

1. **Tick purpose for which the vehicle will be used:**
2. **Driving Restrictions:**
3. **Particulars of vehicles to be insured (Note: Your estimate of present value must include accessories and spare parts)**

Make of Vehicle	Model	Year of Make	Registration No	Date of Purchase	Price Paid	Estimate of Present Value

4. **Has the vehicle been modified or converted -**

5. **Financial Interest:**

6. **Questions applicable to Commercial Vehicles**

Carrying Capacity	Will any vehicle be carrying goods of an explosive, inflammable or dangerous nature -

7. **Details of Drivers**

Name	Age	Does the person hold a valid drivers licence	Percentage of Use	Listed Physical Conditions	Offences

8. **Have any accidents or losses (whether covered by insurance or not) occurred during the past three years in connection with any minor vehicle owned, driven or used by you?**

Year	Cost (paid or estimated)	Nature of payment (e.g. own damage, third party, etc.)	Brief details of the incident

9. If entitled to a “**No Claims Discount**” from your previous insurer in respect of any of the vehicles described in this proposal? please attach renewal notice or letter from insurer confirming entitlement.

I/We desire to insure with the Company in respect of the vehicle or vehicles described in the above proposal. I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/we agree that this proposal shall be incorporated in and taken as the basis of the proposed contract between me/us and the Company and I/we agree to accept a policy in the Company’s usual form for this class of insurance. I/we undertake that the vehicle or vehicles 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.

Signature _____

Date _____

Caribbean Alliance Insurance Company Limited – Reg. No. 2284
Registered Office: Cnr. Long & Temple Streets, P. O. Box 1609, St. John’s, Antigua