



DECLARATION FORM

Hirer Driven cars to be used Solely for Social Domestic and Pleasure Purposes.  
The Hirer is not permitted to re-hire the vehicle or carry passengers for hire or reward.

Name of Insured: \_\_\_\_\_

Registered No.: \_\_\_\_\_ Forming part of and Incorporated in Policy No.: \_\_\_\_\_

	Hirer	Driver 1	Driver 2
1) Full Name:	_____	_____	_____
2) Address Local:	_____	_____	_____
Room No.:	_____	_____	_____
Overseas:	_____	_____	_____
	_____	_____	_____
Email:	_____	_____	_____
Tel: (H)	_____	_____	_____
Tel: (M)	_____	_____	_____
D.O.B.:	_____	_____	_____
Drivers License #:	_____	_____	_____
3) Occupation:	_____	_____	_____
4) State full purposes for which the car will be used:	_____		
5) How long have you been driving a Motor Vehicle continuously?	_____		
6) Have you, had any accidents or losses during the last three years in connection with any Motor Vehicles? If yes, please give full details:	_____		
7) Have you, been convicted during the last five years of any offence in connection with any Motor Vehicles? If yes, please give full details:	_____		
8) Have you, a valid driving license free from endorsement, suspension, etc.?	_____		
9) To the best of your knowledge and belief do you suffer/have suffered from any physical infirmity or defective vision or defective hearing or diabetes or epilepsy/fits or loss of consciousness/blackouts, heart defects or medical conditions?	_____		
10) Are you now insured or previously insured in respect of any Motor Vehicle? _____ If yes, please state name and address of Company.	_____		
11) Has any Company in connection with Motor Insurance for you at any time:-			
i) Declined any proposal	_____		
ii) Imposed an excess (deductible) over and above the normal	_____		
iii) Required an increased Premium or imposed special conditions	_____		
iv) Refused to renew any policy	_____		
v) Cancelled any policy	_____		
12) Vehicle Description: Make, Model, cc's and seating capacity (including driver), Engine No., Chassis No., Colour of Vehicle:	_____		

Period for Hire: \_\_\_\_\_ Method of Payment : ☐ Cash ☐ Cheque ☐ Credit Card (VISA/MASTERCARD AMERICAN EXPRESS)

I/We hereby warrant the above particulars and statements are true and accurate.

Hirer’s Signature:

Driver 1	Dated this _____ day of _____ 20 _____
Driver 2	Dated this _____ day of _____ 20 _____

IMPORTANT: The Risk will not be accepted without the specific consent of *TRIDENT INSURANCE COMPANY LIMITED*, unless

- (1) The form is completed in full
- (2) The replies to 6, 7, 9 and 11 are “NO”
- (3) The reply to 8 is “YES”

N.B. “Private use” shall be deemed to mean use for Social Domestic and Pleasure Purposes.  
Each question must have a definite answer.  
Ticks or dashes will not be accepted.

## TERMS AND CONDITIONS

Authorised Driver is defined as: Any person who has permission from the Insured to operate the Insured's vehicle(s) provided that said person currently holds a valid and current Barbados Driver's License or valid driver's permit and is 25 years and over and has been driving continuously for more than 2 years consecutively.

- ## IMPORTANT NOTICE

**THE INSURANCE PROTECTION ON THIS VEHICLE IS VALID ONLY WHEN IT IS BEING DRIVEN BY THE “AUTHORISED” PERSONS. ALLOWING ANY OTHER PERSON TO DRIVE THE MOTOR VEHICLE CAUSES THE VEHICLE TO BE ON THE ROAD WITHOUT OPERATIVE INSURANCE, AND SHOULD THIS HAPPEN WHILE THE MOTOR VEHICLE IS UNDER HIRE TO YOU, YOU WOULD BE COMMITTING A BREACH OF THE LAW AND WOULD BE LIABLE TO PENALTIES UNDER THE LAW. FURTHER, IN THE EVENT OF AN UNFORTUNATE ACCIDENT WHILE THE VEHICLE IS BEING DRIVEN BY AN UNAUTHORISED PERSON, YOU WOULD BECOME PERSONALLY LIABLE FOR ANY CLAIMS FOR DAMAGE TO THE VEHICLE OR COMPENSATION TO THIRD PARTIES. WE ARE SURE YOU WOULD LIKE TO AVOID GETTING INVOLVED IN SUCH SITUATIONS AND HENCE THIS SPECIAL APPEAL POINTING OUT THE RESTRICTIONS OF THE PROTECTION.**