

PROPOSAL FOR COMMERCIAL MOTOR INSURANCE FOR VEHICLES USED IN BARBADOS

All questions **MUST** be answered fully. **NO BLANK SPACES ARE ACCEPTABLE.** Please use **(BLOCK (CAPITAL) LETTERS)**. Ticks are acceptable only where tick boxes are provided. Please tick the appropriate box. **WARNING:** If the Proposal Form is not completed in the Proposer's Own Handwriting, the Proposer should carefully check the Answers before signing the Proposal.

DETAILS OF PROPOSER

PROPOSER'S FULL NAME _____ DATE OF BIRTH _____
(State Individual or Company) (Day/Month/Year)

NATIONAL REGISTRATION NUMBER/VAT REGISTRATION NUMBER (if COMPANY) _____

BUSINESS REGISTRATION NUMBER _____

PROPOSER'S FULL ADDRESS: _____

BUSINESS ADDRESS: _____

TEL: (HOME) _____ BUSINESS: _____ MOBILE: _____

FAX NO: _____ EMAIL: _____

DO YOU WISH TO RECEIVE INFORMATION FROM US VIA MOBILE TEXT? YES NO

OCCUPATION: _____ NAME OF EMPLOYER: _____

NATURE OF BUSINESS OR TRADE: _____

DETAILS OF VEHICLE(S) TO BE INSURED	VEHICLE 1	VEHICLE 2	VEHICLE 3
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1. Registration No	_____	_____	_____
2. Engine No.	_____	_____	_____
3. Chassis No./VIN No.	_____	_____	_____
4. Year of Manufacture	_____	_____	_____
5. Carrying or Seating Capacity (including Driver)	_____	_____	_____
6. Make and Model	_____	_____	_____
7. Type of Body	_____	_____	_____
8. H.P. or CC	_____	_____	_____
9. Date of Purchase	_____	_____	_____
10. Price Paid	_____	_____	_____
11. Present Value (including Accessories and Spare Parts)	_____	_____	_____
12. Left or Right Hand Drive	_____	_____	_____
13. Is vehicle new, second-hand or re-conditioned?	_____	_____	_____
14. If second-hand, state name and address of previous owner	_____	_____	_____
15. If reconditioned, or second hand provide a copy of De-registration certificate	_____	_____	_____
16. State where Vehicle(s) is/are usually garaged	_____	_____	_____
17. If more than one vehicle is to be insured, state how many are garaged in the same location	_____	_____	_____
18. Will a trailer(s) be used? If 'Yes' state number, weight and maximum carrying capacity of each	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
19. Are you the sole owner of the vehicle(s) and are they registered in your name? If 'No' please state details of ownership and registration	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
20. Are any of the vehicles being financed by a Hire Purchase Agreement or other type of contract?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
21. If 'Yes' state name and address of finance company	_____	_____	_____

COVERAGE	Comprehensive	Third Party Fire and Theft	Third Party
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Select cover required
Tick (✓) appropriate box

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PURPOSES FOR WHICH VEHICLE(S) WILL BE USED	VEHICLE 1	VEHICLE 2	VEHICLE 3
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Indicate all purposes for which the vehicle(s) will be used	_____	_____	_____
1. Is vehicle(s) to be used for transporting own goods only?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Do you undertake cartage for other persons?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Will vehicle(s) be used for carrying passengers for hire or reward?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Is the vehicle used for public service?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. State class of licence (eg, Hired Car, Taxi, etc.)	_____	_____	_____
6. Has the vehicle been altered or adapted to carry a load heavier than that stated in manufacturer's specification?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Is the vehicle in good state of repair? (Attach survey report)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Please provide a copy of the Inspection Certificate	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Has the vehicle(s) been involved in any accident or 'write off'? If 'Yes', we shall require a survey report	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. How many vehicle(s) are owned by you?	_____	_____	_____
11. Will the vehicle(s) be driven solely by you? If 'No' state Total number of employees licenced to drive	_____	_____	_____

DETAILS OF DRIVERS	DRIVER 1	DRIVER 2	DRIVER 3
1. How many drivers are employed by you/your company? _____			
2. Have any of the drivers had their licence suspended or endorsed? _____			
3. Been convicted or are pending prosecution for any driving offences within the last 5 years? _____ If 'Yes' please state _____			
4. Been refused insurance or had a motor policy cancelled or special terms imposed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Have you or any other person who may drive: Suffers or suffered from defective vision, hearing or physical infirmity or any other disability or illness?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Now, or within the past 5 years suffered from diabetes, fits, loss of consciousness, stroke, or similar illnesses or any complaint of the heart?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Ever had motor insurance before? If 'Yes' please attach renewal notice and/or no claim discount	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Has insurance ever been Cancelled/Declined/Not Renewed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Required to pay increased premium?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Special terms and conditions applied to you or anyone who will drive? If 'Yes' please state which company _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. WILL THE VEHICLES(S) BE DRIVEN BY ANYONE WHO IS UNDER TWENTY-FIVE (25) YEARS AND/OR DRIVING FOR LESS THAN TWO (2) YEARS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

ACCIDENT HISTORY

Please give details of all accidents within the last 5 years in connection with any motor vehicle. If insufficient space, attach additional sheet. If none state 'none' (Ticks and dashes are not accepted). _____

DETAILS OF AUTHORISED DRIVERS (including Driver) HEALTH/INSURANCE/DRIVING RECORD

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 AND IS 25 YEARS AND OVER AND HAS BEEN DRIVING CONTINUOUSLY FOR MORE THAN 2 YEARS CONSECUTIVELY.

DRIVER DETAILS	VEHICLE 1	VEHICLE 2	VEHICLE 3
Full Name			
Address			
Postal Address			
Date of Birth			
Age			
Mobile No.			
Occupation			
Driver's License No.			
Original Date of Issue			
Expiry Date			
License Classes held			
Driving experience			
State previous/present insurance company in respect of any motor vehicle(s)			
Excess Applicable			
State if involved in any accident whilst driving any motor vehicle during last 5 years			
NAME			
DATE			
BRIEF DETAILS			
COST OF CLAIM			
THIRD PARTY			
OWN DAMAGE			

DISCLOSURE

It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

N.B. Please read the following declaration very carefully and read again the questions and answers especially if not completed in your own hand, before signing the form.

DECLARATION

I/We warrant that the above statement and particulars, which I/We have read over and checked, are true and accurate 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 Trident Insurance Company Limited, and 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 continued 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 _____ Proposer's Signature _____

DATE INSURANCE TO COMMENCE _____ POLICY NO _____

N.B. Liability does not commence until this Proposal has been accepted by TRIDENT INSURANCE COMPANY LIMITED and the Premium paid in full, or as otherwise agreed to in writing, except as provided for by an Official Covering Note issued by TRIDENT INSURANCE COMPANY

FOR OFFICE USE ONLY Accepted/Declined by: CSR/Account Executive _____ Date _____

Authorised/Declined by: Senior Account Executive/Supervisor _____ Date _____

Reviewed by Compliance _____ Date _____
