

MOTOR PROPOSAL FORM

A) Details of Applicant

First Middle Last

Full Address (for Correspondence)

P. O. Box City Tel Nos Fax No

E-mail Occupation Age Nationality

B) Details of Vehicle

Make & Model Type of Body Cubic Capacity

Year of Make Estimated Market Value (including Accessories) Currency

Engine No Chassis No

Seating Capacity Registration No

Address where vehicle is normally kept

C) Ownership of Vehicle

Name of Owner

Has any person or body any interest in the vehicle Yes No

If yes, please give details of lender

) Use of Vehicle

Private Commercial

If Commercial, is it used for Cartage of Applicant's Own Goods General Cartage of Third Party
 Cartage of Passenger and their Luggage

Any Other Purpose, please specify

E) Details of Driver (Driving, Insurance & Claim History)

Note: Commercial Drivers must have at least three years of experience and must be at least twenty five years old.

1) Are you now or have you been insured in respect of any other Motor Vehicle Yes No

If yes, please state the name of the insurance company

2) Has any insurance company or underwriter ever:

(a) Declined your proposal Yes No

(b) required an increased premium or imposed special condition Yes No

(c) refused to renew your policy Yes No

(d) cancelled your policy Yes No

(3) Have you or any other person, who to your knowledge, will drive the vehicle:

(a) Any physical disability or infirmity Yes No

(b) Defective vision hearing Yes No

(c) Ever had of any kind Yes No

(4) Are you entitled to a 'No Claim Bonus' from your previous Insurers in respect of any of the vehicles described in this proposal Yes No If Yes, please attach Renewal Notice. ('No Claim Bonus' will be allowed only if notice is attached)

(5) Give particulars of accidents or losses for the last three years in connection with this motor vehicle or cycle owned or driven by you

F) Insurance Cover Required

Please indicate the cover required Third Party Only Third Party, Fire and Burglary Comprehensive

Limit for Third Party Property Damage Insurance to Commence on

Important Note: No Liability is undertaken until the proposal is accepted by the Company and the Premium is Paid

Date _____

Signature _____

Agent's Name _____

Agent's Code _____



FIRE & BURGLARY PROPOSAL FORM

1. Commercial Name of Applicant

2. Full Address: Street Building Parcel No City P. O. Box

Tel NO (s) Fax No Email

3. Nature of Trade &/ or Business

4. Particulars of the building to be insured:

a) Name of owner b) Construction of walls c) Construction of roof

d) Number of storeys of the building and their uses

e) Date the building was built f) The storey to be insured

g) What is the distance between it and the nearest fire building

h) What is the distance between it and the nearest fire brigade

5. Details of Furniture & Office Equipment and their values

6. Details of electric installation

7. Details of Machines and their dates of manufacture

8. Description of goods to be insured: Raw Material Finished Products

9. Give details of fuel oil/denzine and their location

10. Give details of generator, the fuel used and their location

11. Particulars of fire fighting

12. Particulars of house keeping

13. Covers required and their values

Please indicate the Currency

- | | | | | |
|--------------------------------------|------------------------------|-----------------------------|-------|----------------------|
| a) The Construction (excluding land) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Value | <input type="text"/> |
| b) Furniture & office equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Value | <input type="text"/> |
| c) Machinery | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Value | <input type="text"/> |
| d) Raw Material | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Value | <input type="text"/> |
| e) Finished Products | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Value | <input type="text"/> |
| f) Water Damage | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Value | <input type="text"/> |
| g) Allied Perils | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Value | <input type="text"/> |
| h) Landlords's Liability | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Value | <input type="text"/> |
| i) Neighbor's Resource | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Value | <input type="text"/> |
| j) Tenant's Liability | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Value | <input type="text"/> |
| k) Consequential Loss: | | | | |
| Loss of Profit | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Value | <input type="text"/> |
| Loss of Rent | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Value | <input type="text"/> |

SPECIAL SECTION FOR BURGLARY

14. Details of main gate 15. Details of doors

16. Details of windows 17. Details of security

18. Did any fire occur or water damage, flood, smoke or burglary in the premises Yes No

If yes, please give details

20. Value to be covered Currency

Name Title Date

.....

.....

Signature of Applicant

Date