



GUARDIAN GENERAL INSURANCE LIMITED trading as

Newtown Centre, 30-36 Maraval Road Newtown, Port of Spain Tel: (868) 625-GGILL Fax: (868) 622-9984 Website: www.ggil.biz



COMMERCIAL VEHICLE INSURANCE PROPOSAL

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

INDIVIDUALS ONLY
DATE OF BIRTH
DAY MONTH YEAR

- PLEASE USE BLOCK LETTERS
1. (a) Name of Proposer (in full) _____
- (b) Address (home or mailing) _____
- (c) Business Address _____ Telephone No _____
- (d) Trade, occupation, profession _____
- (e) Driver's Permit No _____ Date of issue _____ DD / MM / YY

2. Do you have any other insurances with Guardian General Insurance Limited trading as NEMMIL? YES ___ NO ___
If 'YES', please give particulars _____
3. To your knowledge, will anyone driving your motor vehicle
(a) Have less than two years regular driving experience? YES ___ NO ___
(b) Be less than 25 years of age? YES ___ NO ___
If 'YES', to either of these, please give driver's name, age and date of issue _____

4. Are you suffering from defective vision, hearing or any physical disability or infirmity YES ___ NO ___
If 'YES', please state nature of disability or infirmity _____

5. Will anyone suffering from defective vision, hearing or any physical disability or infirmity drive your motor vehicle YES ___ NO ___
If 'YES', please state nature of disability or infirmity _____

6. Have you ever been convicted of any offences in connection with the driving of any motor vehicle? YES ___ NO ___
If 'YES', please state the date and nature of conviction _____

7. Has anyone who will drive your motor vehicle been convicted of any offence in connection with the driving of any motor vehicle? YES ___ NO ___
If 'YES', please state the date and nature of conviction _____

8. Are you now or have you ever insured a motor vehicle in your name YES ___ NO ___
If 'YES', please state name of Insurance Company _____

9. Has any Insurance Company ever ... YES ___ NO ___
(a) Declined your proposal? YES ___ NO ___
(b) Increased your premium? YES ___ NO ___
(c) Required you to carry/pay the first portion of any loss? YES ___ NO ___
(d) Refused to renew or cancel your policy? YES ___ NO ___
(e) Intimated that they would prefer you to place the business elsewhere or otherwise hinted or informed you that they do not wish to continue your insurance? YES ___ NO ___

- If YES to any of these, please explain _____
10. Have you or has anyone who will drive your motor vehicle ever had any accidents with this or any other motor vehicle? YES ___ NO ___
If YES, please give details _____

GIVE A SEPARATE ANSWER FOR EACH YEAR

YEAR	Number of Vehicles	Number of Claims or Accidents	Accidental Damage	Third Party	Outstanding

11. (a) Is your motor vehicle kept on your premises at night? YES ___ NO ___
If 'NO', state where _____
- (b) How many vehicles are kept on the same premises? _____

12. Has your motor vehicle been modified in any way or fitted with oversized tyres or a high performance engine or equipment?
 If 'YES', please give details _____ YES ___ NO ___

13. Is your motor vehicle:
 (a) New Secondhand? Foreign Used? YES ___ NO ___
 (b) Registered in your name? YES ___ NO ___
 (c) The subject of a hire purchase or mortgage agreement?
 If 'YES', please state the name of the Finance company: _____ YES ___ NO ___

14. Has your motor vehicle ever been involved in an accident?
 If 'YES', give details _____ YES ___ NO ___

15. Is your motor vehicle fitted with an anti-theft device?
 If 'YES', please state name and type of device and date installed _____ YES ___ NO ___

16. a. Will your motor vehicle be used for any purpose in connection with Business or Trade? YES ___ NO ___
 If 'YES' please give details _____
 (ii) Racing, pacemaking, speedtesting YES ___ NO ___
 If 'YES' please give details _____

b Will your motor vehicle be used for purposes other than the carriage of your own goods YES ___ NO ___
 Please state the nature of the goods carried _____
 If 'YES' please give details _____

5. Will passengers be carried for hire or reward? YES ___ NO ___

17. Is your motor vehicle in good condition and repair and will it be kept so? YES ___ NO ___

18. Type of cover required is: _____ THIRD PARTY FIRE and THEFT THIRD PARTY ONLY COMPREHENSIVE

19. Do you wish to extend the policy to include WINDSCREEN DAMAGE? YES ___ NO ___

20. Do you wish to extend the policy to include loss or damage and/or liability, arising from flood, typhoon, hurricane, volcanic eruption, earthquake or any other convulsion of nature? YES ___ NO ___

21. Risk date from _____ to _____

PARTICULARS OF THE MOTOR CAR(S) TO BE INSURED

License Reg. No	Make	Type of Body	Horse Power or Cubic Capacity	Year Of Manufacture	Seating Capacity (Incl. Driver)	Date Purchased	Market Value Incl. Accessories	Engine No.	Chassis No.

Please state separate value of any of the following if included in market value above and installed by present or previous owner:-

Tape Deck/Radio \$ _____ CD Player \$ _____

Mag Rims \$ _____ Any other major accessories \$ _____

NOTE: YOU ARE REQUIRED TO ENSURE THAT THE SUM INSURED IS REVISED EACH YEAR TO REFLECT THE CURRENT MARKET VALUE. CLAIMS WILL BE SETTLED ON AN INDEMNITY BASIS. FOR TOTAL LOSSES YOU WILL BE PAID THE ASSESSED PRE-ACCIDENT VALUE, PROVIDED THE SUM INSURED IS ADEQUATE

I/We warrant that the statements and particulars which I/We have read over and checked are true, and that the motor vehicle(s) referred to is/are in good condition and repair. I/We desire to effect an insurance with Guardian General Insurance Limited trading as NEMMIL on the terms, conditions, limits and exceptions of the Policy to be issued by the Company. I/We agreed that this Proposal shall form the basis of the Contract between me/us and the Company, and shall be deemed as incorporated in the Policy to be issued.

Proposer's Signature _____ Date _____

FOR OFFICIAL USE ONLY

STATEMENT OF PREMIUM AGENT: _____ CODE _____

Gross BRANCH _____

Extras AUTHORIZED & CHECKED BY: _____

Less Discounts POLICY NO _____

NET PREMIUM \$ _____ END'T/RESTRICTIONS _____