

MOTOR CYCLE INSURANCE PROPOSAL

COVER PROVIDED

The following alternative forms of cover are available: **(see Question 18)**

- 1. THIRD PARTY - Liability for injury to third parties and damage to property of third parties
- 2. THIRD PARTY FIRE and THEFT - Liability for injury to third parties, damage to property of third parties, and loss of or damage to the **Insured Cycle** by fire or theft
- 3. COMPREHENSIVE - Liability for injury to third parties, damage to property of third parties, and loss of or damage to the **Insured Cycle**

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

PLEASE USE BLOCK LETTERS

1. (a) Name of Proposer(s) (Mr./Mrs./Miss) **INDIVIDUALS ONLY**
DATE OF BIRTH

Month Day Year

(b) Address (home) _____

Contact No(s) _____

(c) Mailing Address (if different from home) _____

(d) Home e-mail address _____

(e) Trade, occupation, profession (include part-time) _____ Marital Status _____

(f) Driver's Permit No _____ Date of Issue _____ Class(es) _____
MM / DD / YY

(g) Name of Employer _____

(h) Address _____

Telephone No _____

(i) Employment e-mail address _____

2. Do you have any other insurance(s) with this Company? YES ___ NO ___
If 'YES' please give particulars _____

3. Will anyone driving or who will drive your motor cycle
 (a) be less than 25 years of age? YES ___ NO ___
 (b) have less than 2 years regular driving experience? YES ___ NO ___
 If 'YES' to either of these please give

Driver's Name _____ Date of Birth _____

Driver's Permit No _____ Date of Issue _____ Class(es) _____

4. Have you, or has anyone who will drive your motor cycle, ever suffered from defective vision, hearing or any other physical disability or infirmity? YES ___ NO ___
 If 'YES' please state the nature of the disability or infirmity and whether any corrective actions have been undertaken

5. Have you, or has anyone who will drive your motor cycle, ever been convicted of any offence? YES ___ NO ___
 If 'YES' please state the date and nature of the conviction

6. Have you ever insured a motor cycle in your name? YES ___ NO ___
 If 'YES' please state the name(s) and Branch office(s) of the Insurers, Policy No (if known), Cycle No. and "No Claim Discount" (if any)

7. Have you been driving a Motor Cycle regularly during the past twelve months? YES ___ NO ___
 If 'NO' please state how long has it been since you drove regularly

8. Has any Insurer ever

(a)	declined your proposal?	YES ___	NO ___
(b)	increased your premium?	YES ___	NO ___
(c)	imposed special conditions on your policy?	YES ___	NO ___
(d)	refused to continue or renew your policy?	YES ___	NO ___
(e)	cancelled your policy?	YES ___	NO ___

If 'YES' to any of these please give details

9. Have you, or has anyone who will drive your motor cycle, ever had any accidents or losses or made any claims (including windscreen damage claims) during the past three years in connection with this or any other motor cycle or motor vehicle? YES ___ NO ___

If 'YES' please give details _____

GIVE A SEPARATE ANSWER FOR EACH YEAR

Year	Total No. Cycles/ Vehicles Owned/ Driven	Total Number Accidents/ Losses		Own Damage		Third Party Property Damage		Third Party Bodily Injury	
				No.	Amount	No.	Amount	No.	Amount
			Paid						
			Outstanding						
			Paid						
			Outstanding						
			Paid						
			Outstanding						

Please state particulars of these _____

10. PARTICULARS OF THE MOTOR CYCLE(S) TO BE INSURED

Licence Reg. No.	Make & Model	Type of Body	H.P. / C.C.	Year of Manufacture	Seating Capacity Including Driver	Purchase Date & Price	Market Value Including Accessories	Engine Number	Chassis Number

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

Special Paint Work/Advertising/Graphics \$ _____

Any other major accessories \$ _____

NOTE: You are required to ensure that the Sum Insured is revised each year to reflect the current market value as claims will be settled on an indemnity basis. For total losses you will be paid the market value at the time of the loss or the amount for which the vehicle is insured whichever is less.

11. Has your motor cycle been modified in any way? YES ___ NO ___
 If 'YES' please give details

12. Is your motor cycle
 (a) new? ___ secondhand? ___ 'foreign used'? ___
 (b) registered in your name? YES ___ NO ___
 (c) the subject of a hire purchase or lease or mortgage agreement? YES ___ NO ___
 If 'YES' please state name and address of the finance company

13. Has your motor cycle ever been involved in an accident, loss or damage? YES ___ NO ___
 If 'YES' please give details

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

15. (a) Where will your motor cycle be kept (in your answer please indicate whether the cycle is in a locked garage, or open carport within a fenced and locked area, or otherwise) during the night? _____

(b) Please state how many cycles/vehicles will be kept at the same premises

16. Is your motor cycle fitted with an anti-theft device? YES ___ NO ___
 If 'YES' please state the name and type of such device and date installed

17. Will your motor cycle be used
 (a) for any purpose in connection with a business or trade? YES ___ NO ___
 If 'YES' please give details

(b) for racing pacemaking speed testing competitions rallies or trials or the carriage of passengers for hire or reward? YES ___ NO ___
If 'YES' please give details

(c) only for social domestic and pleasure purposes and for travelling to and from your place of business? YES ___ NO ___
If 'NO' please state for what other purpose the cycle will be used

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

19. **OPTIONAL EXTRA BENEFITS (Available at an additional cost)**

Do you wish to extend the policy to include:-

a) Increased Legal Expenses – Manslaughter YES ___ NO ___

If 'YES' please indicate Limit required in excess of \$10,000

b) Loss or damage arising from flood hurricane windstorm tornado earthquake volcanic eruption or any other convulsion of nature? YES ___ NO ___

20. Period of Insurance from _____ to _____
mm/dd/yy mm/dd/yy

DECLARATION

I/We wish to effect insurance with **Guardian General Insurance Limited** on the terms conditions and exclusions of the Policy to be issued by the Company.

I/We warrant that:-

- (a) the statements and particulars given by me/us in this proposal are to the best of my/our knowledge and belief true and complete
- (b) no material fact affecting the assessment of the risk has been misrepresented mis-stated suppressed or withheld
- (c) the Motor Cycle is in good condition and repair.

I/We agree that this proposal and declaration shall form the basis of the contract between me/us and **Guardian General Insurance Limited** and shall be deemed to be incorporated in the Policy to be issued

Proposer's Signature _____
If Company Please Affix Company Stamp

Date _____
mm/dd/yy