



COMMERCIAL VEHICLE INSURANCE PROPOSAL

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

INDIVIDUALS ONLY
 DATE OF BIRTH
 DAY MONTH YEAR

PLEASE
 USE
 BLOCK
 LETTES

1. (a) Name of Proposer (in full) _____
 (b) Address (home or mailing) _____
 Telephone No _____
 (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 NEMWIL? 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 ...
 (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? YES ___ NO ___
If 'YES', please give details _____
13. Is your motor vehicle:
(a) New [] Secondhand? [] 'Foreign Used'? []
(b) Registered in your name? YES ___ NO ___
(c) The subject of a hire purchase or mortgage agreement? YES ___ NO ___
If 'YES', please state the name of the Finance company _____
14. Has your motor vehicle ever been involved in an accident? YES ___ NO ___
If 'YES', give details _____
15. Is your motor vehicle fitted with an anti-theft device? YES ___ NO ___
If 'YES', please state name and type of device and date installed _____
16. a. Will your motor vehicle be used for any purpose in connection with
(i) 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 _____
- c. 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:
COMPREHENSIVE [] THIRD PARTY FIRE and THEFT [] THIRD PARTY ONLY []
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

Licence 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 NEMWIL 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

Gross

Extras

Less Discounts

NET PREMIUM

AGENT: _____ CODE _____

BRANCH _____

AUTHORISED & CHECKED BY: _____

POLICY NO _____

END'T/RESTRICTIONS _____

\$ _____