

MOTOR TRADER'S INSURANCE PROPOSAL

COVER PROVIDED

The following alternative forms of cover are available: **see Question 13 (a) and 13 (b)**

- | | |
|-------------------------------|--|
| 1. THIRD PARTY | Liability for injury to third parties and damage to third party property caused by the Insured's Unregistered Motor Vehicle or the Customer's Motor Vehicle or Registered Motor Vehicle |
| 2. THIRD PARTY FIRE and THEFT | Liability for injury to third parties and damage to third party property caused by the Insured's Unregistered Motor Vehicle or the Customer's Motor Vehicle or Registered Motor Vehicle and loss of or damage to the Insured's Unregistered Motor Vehicle or the Customer's Motor Vehicle or Registered Motor Vehicle by fire or theft |
| 3. COMPREHENSIVE | Liability for injury to third parties and damage to third party property caused by the Insured's Unregistered Motor Vehicle or the Customer's Motor Vehicle or Registered Motor Vehicle and accidental loss of or damage to the Insured's Unregistered Motor Vehicle or the Customer's Motor Vehicle or Registered Motor Vehicle |

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)	Mailing Address _____			
	(c)	E-mail address _____		Contact No(s) _____	
	(d)	Garage Premise Address(es) (if different from above) _____			
	(e)	How long has the business been in operation? _____			
(f)	Business Description _____				
2.	Do you have any other insurance(s) with this Company? If 'YES' please give particulars			YES <input type="checkbox"/>	NO <input type="checkbox"/>

3.	Will anyone driving the insured's motor vehicle or a customer's motor vehicle				
(a)	be less than 25 years of age?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b)	have less than 2 years regular driving experience?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 the insured's unregistered motor vehicle/customer's motor vehicle/registered motor vehicle, 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 the insured's unregistered motor vehicle/customer's motor vehicle/registered motor vehicle, ever 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 the conviction

6. Has any Insurer ever
- | | | |
|--|------------------------------|-----------------------------|
| (a) declined your proposal? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) increased your premium? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) imposed special conditions on your policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (d) refused to continue or renew your policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (e) cancelled your policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If 'YES' to any of these please give details

7. Indicate if cover is required for the classes of vehicles show below:

Insured's Unregistered Motor Vehicles	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Customer's Motor Vehicles	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Registered Motor Vehicles	YES <input type="checkbox"/>	NO <input type="checkbox"/>

8. Please state
 (a) total number and registration numbers of Trade Plates registered to you _____

(b) The registration numbers of the Trade Plates _____

(c)

	Unregistered Motor Vehicle	Customer's Motor Vehicle	Registered Motor Vehicle
Maximum Number Handled/Sold Annually			
Total Value Handled/Sold Annually			
Maximum Number Held At Any One Time			
Maximum Value of Any One			

(d) the estimated annual revenue of the motor trade operations _____

(e) the estimated annual wages/salaries of the motor trade operations _____

9. Do all employees possess the necessary qualifications and/or experience to perform the duties in connection with the Business Description described in question 1.(f) ? YES NO

If 'YES' please state the experience and/or qualifications of employees:-

If 'No' please give particulars:

10. Do you own any wreckers/tow trucks? YES NO

If 'YES' please give details _____

11. Will any registered motor vehicle (s) / the insured's unregistered motor vehicle(s) be used to draw any trailer?
 YES NO
 If 'YES' please give particulars - Licence Registration Number _____ Make & Model _____

12. Will any motor vehicle to which this insurance is to apply be used:
 (a) by you or any one of your drivers for social domestic and pleasure purposes YES NO
 (b) by you or any one of your drivers for demonstration purposes YES NO
 (c) for the carriage of passengers for hire or reward YES NO

13. (a) Type of Policy required
 EXTERNAL RISKS INTERNAL RISKS EXTERNAL & INTERNAL RISKS
 (b) Type of cover required
 THIRD PARTY THIRD PARTY FIRE and THEFT COMPREHENSIVE

14. (a) In respect of Insured's unregistered Motor Vehicles / Trade Plates, please indicate Sums Insured required for:
 (i) any one vehicle / trade plate \$ _____
 (ii) any one period of insurance \$ _____
 (b) In respect of Customer's Motor Vehicles, please indicate Sums Insured required for:
 (i) any one vehicle \$ _____
 (ii) any one period of insurance \$ _____
 (c) In respect of Registered Motor Vehicles, please indicate Sums Insured required for:
 (i) any one vehicle \$ _____
 (ii) any one period of insurance \$ _____

NOTE: You are required to ensure that Sums Insured are revised each year to reflect current market values as claims will be settled on an indemnity basis. For total losses you will be paid the assessed pre-accident value at time of loss or damage.

15. Have you, or has anyone who will drive the insured's unregistered motor vehicle/customer's motor vehicle/registered motor vehicle, ever had any accidents or made any claims (including windscreen damage claims) during the past three years YES NO
 If 'YES' please give details _____

GIVE A SEPARATE ANSWER FOR EACH YEAR

IN RESPECT OF INSURED'S UNREGISTERED / CUSTOMER'S / REGISTERED MOTOR VEHICLES

Year	Vehicles	Total Number Accidents/ Losses	Total	Own Damage		Third Party Property Damage		Third Party Bodily Injury	
				No.	Amount	No.	Amount	No.	Amount
	Unregistered		Paid						
			Outstanding						
	Customer's		Paid						
			Outstanding						
	Registered		Paid						
			Outstanding						

16. Has anyone made claims against the firm/current affiliates or individuals for negligence or breach of any professional duty?
 YES NO
 If 'Yes' please give details _____

17. OPTIONAL EXTRA BENEFITS (Available at an additional cost for each item selected)

Do you wish to extend the policy to include:-

- | | | | |
|--------------|--|------------------------------|--|
| OEB 1 | Special Perils
(Comprehensive only) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| OEB 2 | windscreen and ALL glass damage?
(Comprehensive, Third Party Fire and Theft)
If yes, please indicate limit required:
(i) Insured's unregistered motor vehicles any one Period of Insurance
(ii) Customer's motor vehicles any one Period of Insurance
(iii) Registered motor vehicles any one Period of Insurance | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | \$ _____
\$ _____
\$ _____ |
| OEB 3 | Increased Legal Expenses – Manslaughter (all covered motor vehicles)
If yes, please indicate Limit required in excess of \$10,000
Any one Incident in the Aggregate | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | \$ _____ |
| OEB 4 | Increased Third Party Limits of Liability (all covered motor vehicles)
If "YES" please indicate Limit required in excess of
Bodily injury \$2,000,000 any one accident / \$4,000,000 any one period
Property damage: \$1,000,000 any one accident / \$2,500,000 any one period:

(i) In respect of death or bodily injury
In respect of any claim by any one person
In respect of a series of claims arising out of any one event

(ii) In respect of damage to property
In respect of any claim by any one person
In respect of a series of claims arising out of any one event | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | \$ _____
\$ _____
\$ _____
\$ _____
\$ _____ |

18. 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:-

- (a) that 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 insured's unregistered motor vehicle(s)/registered motor vehicle(s) is/are 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 _____ **Date** _____
If Company, Please Affix Company Stamp mm/dd/yy