

PRIVATE MOTOR VEHICLE INSURANCE PROPOSAL

Client Number: _____

Policy Number: _____

COVER PROVIDED

The following alternative forms of cover are available: **(see Question 17)**

- | | | |
|----|----------------------------|--|
| 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 Vehicle 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 Vehicle |

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

1. PERSONAL INFORMATION

- (a) Names of Proposer (s)/Company (in full) (i) _____
State Mr, Mrs, Miss, Dr or other title First Name Surname
- (ii) _____
State Mr, Mrs, Miss, Dr or other title First Name Surname
- (b) Date of Birth/ Incorporation (i): _____ Date of Birth/Incorporation (ii): _____
MM/DD/YY MM/DD/YY
- Place of Birth/Incorporation (i): _____ Place of Birth/Incorporation (ii): _____
- Nationality (i): _____ Nationality (ii): _____
- Country of Residence (i): _____ Country of Residence (ii): _____
- Marital Status (i): _____ Marital Status (ii): _____
- (c) Residential/ Registered Address of Proposer _____
- (d) Mailing Address (if different) _____
- (e) Contacts No(s) _____ Email Address _____
- (f) Trade, occupation, profession (include part-time) (i) _____ (ii) _____
- (g) Name of Employer, and Business Activity: (i) _____ (ii) _____
- (h) If Business Entity, are you? Company ____ Partnership ____ NPO ____ Trust, Nominees or Other ____
- (i) Are you a Politically Exposed Person (PEP) or an immediate family member of a PEP? **YES** ____ **NO** ____
A PEP is an individual such as a Head of State or Government, senior politician, senior government, judicial or military official, senior executive of State-owned corporations and important political party official who is or has been entrusted with prominent functions by a foreign country or domestically in the territory; or A Person who is or has been entrusted with a prominent function by an international organisation which refers to members of senior management such as directors and members of the board or equivalent functions. This category also includes immediate family members close personal and professional associates. If Yes is selected, This Proposal form must be accompanied by a PEP Memorandum.
- (j) Driver's Permit No. _____ Date of Issue _____ Class(es) _____
MM/DD/YY

2. Do you have any other insurance(s) with Guardian Group? **YES** ____ **NO** ____
- If 'YES' please give particulars _____

3. Will anyone driving or who will drive your motor vehicle
- (a) be less than 25 years of age? **YES** ____ **NO** ____
- (b) have less than 2 years regular driving experience? **YES** ____ **NO** ____
- Driver's Name _____ Date of Birth _____
- Driver's Permit No _____ Date of Issue _____ Class(es) _____

4. Have you been driving a Motor Vehicle regularly during the past twelve months? **YES** ___ **NO** ___

If 'NO' please state how long has it been since you drove _____

5. Particulars of Vehicle to be insured:

Registration	Make & Model	Chassis	Engine	Year of Make	C.C.	Seating	Type of Body	Sum Insured

Do you wish to insure the following items if installed in addition to, or as a replacement of manufacturers' Standard Items? **YES** ___ **NO** ___

Audio/Visual Equipment \$ _____ Special Paint Works/Advertising/Graphics \$ _____
 Mag Rims\$ _____ Any other major accessories \$ _____

6. Has your motor vehicle been modified in any way or fitted with oversized tyres or a high performance engine or equipment or is it your intention to do so? **YES** ___ **NO** ___

If 'YES' please give details _____

7. Is your motor vehicle
 (a) new? _____ secondhand? _____ foreign used _____ **YES** ___ **NO** ___
 (b) registered in your name **YES** ___ **NO** ___
 (c) left hand drive **YES** ___ **NO** ___
 (d) used to draw any trailer? **YES** ___ **NO** ___

If 'YES' please give particulars - License Registration Number _____
 Make & Model _____

(e) the subject of a hire purchase or lease or mortgage agreement? **YES** ___ **NO** ___

If 'YES' please state name and address of the finance company _____
 Address _____

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

9. Is your motor vehicle fitted with an anti-theft device? **YES** ___ **NO** ___

If 'YES' please state the name and type of such device and date installed

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

11. Have you, or has anyone who will drive your motor vehicle, ever suffered from defective vision, hearing, epilepsy 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

12. Have you, or has anyone who will drive your motor vehicle, ever been convicted of any offence **YES** ___ **NO** ___ or traffic violations?

If 'YES' please state the date and nature of the conviction or traffic violation

13. Have you ever insured a motor vehicle in your name? **YES** ___ **NO** ___

If 'YES' please state the vehicle number(s) and name(s) of the Insurers

14. Has any Insurer ever

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

If 'YES' to any of these please give details _____

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

If 'YES' please give full details of each accident below

Date of Accident	Cost (Paid or Estimated)	Driver	Brief details of Accidents, Incident or losses

16. Will your motor vehicle 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 give details _____

17. Type of cover required is:

THIRD PARTY _____ THIRD PARTY FIRE and THEFT _____ COMPREHENSIVE _____

18. Period of Insurance from _____ to _____
 MM/DD/YY MM/DD/YY

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

Do you wish to extend the policy to include:-

- | | |
|--|----------------|
| (a) Special Perils - loss or damage arising from flood hurricane windstorm tornado earthquake volcanic eruption or any other convulsion of nature?
(Comprehensive only) | YES ___ NO ___ |
| (b) windscreen and ALL glass damage? (Comprehensive and Fire & Theft only) | YES ___ NO ___ |
| If 'YES' please indicate limit required: _____ | |
| (c) Personal Accident Benefit to un-named Passengers (between ages 17 and 65) for the full seating capacity of the vehicle | YES ___ NO ___ |
| (d) Loss of Use (maximum of 10 days)
(Comprehensive only) | YES ___ NO ___ |

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 are true and complete
- (b) no material fact affecting the assessment of the risk has been misrepresented mis-stated suppressed or withheld
- (c) the motor vehicle 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.

Date (MM/DD/YY): _____

Signature of Proposer (s) _____

Corporate Clients: Affix Company Stamp