

INSURANCE COMPANY.....

COMMERCIAL VEHICLE PROPOSAL FORM

ANSWERS IN BLOCK LETTERS PLEASE { FULL NAME OF PROPOSER.....
ADDRESS.....

OCCUPATION OR BUSINESS.....

TELEPHONES: HOME _____ WORK _____ MOBILE _____

EMAIL ADDRESS _____

IMPORTANT – A DEFINITE ANSWER MUST BE GIVEN TO EACH QUESTION

Registration Letters and Number	Make of Vehicle	Cubic Capacity	Year of Manufacturer	Type of Body	Total Seating Capacity including Driver's Seat	Makers Maximum Carrying Capacity of Vehicle	Price paid by Proposer and Date of Purchase		Proposer's Estimate of Present Value	
							Price	Date	Vehicle and Accessories	Trailer (if any)

1. (a) Maximum number of trailer attached to the Vehicle at any one time (a)
(b) Makers maximum Carrying Capacity(b)

2. (a) State the Owner of the Motor Vehicle and in whose name it is registered(a)
(b) Is a Hire-Purchase Company interested in the Vehicle? If so give Name and Address(b)

3. Give full particulars of all purposes for which Vehicle will be used (a)

4. (a) If used for Carriage of Goods, what is their general nature? (a)
(b) Do you undertake cartage for other personal(b)
(c) Has the Vehicle been altered or adapted to carry a load heavier than that stated in the Maker's published specification?(c)

5. If any passengers carried
(a) Are the Passengers carried for hire or reward? (a)
(b) Are the Vehicles used for Public Service?(b)
State class of Licence
(c) Are Passengers carried incidental to a contract for the conveyance

of goods or merchandise?

6. (a) If more than one Vehicle to be insured, how many are garaged in the same building?.....
 (b) State where usually garaged

7. Do you, or does any other person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity or fits of any kind?.....

8. Have you or has any other person who to your, knowledge will drive, been convicted during the past five years of any offence in connection with any Motor Vehicle?.....

9. Will the vehicle be used for Aircraft or Airport service along runways taxiways or any municipal airport? If yes give details

- 10 (a) Total number of Motor Vehicles owned by Proposer.(b) Total number of employees licensed to drive.....
 (c) Are the Vehicles in a perfect state of repair?.....
 (d) Are your Vehicles periodically overhauled and tested?.....

11. Are you now or have you been insured in respect of any Motor Vehicle?
 If so, state name of Company or Underwriter

12. Has any Company or Underwnter ever:-
 (a) Declined your Proposal?(b)Required an increased premium or imposed special Conditions?
 (c) Cancelled or not invited renewal of your policy?.....

13 Give particulars of losses or accidents in connection with this or any other Motor Vehicle or Motor Car or Cycle owned or driven by you.	Past 3 Years	Total No. of Motor Vehicles and/Cycles owned by Proporser	Total No. of Accidents and Losses	Damage to Proposer's Vehicle and/or Cycle	Third Party	Other
				Amount	Amount	Amount

14.Are you entitled to a "No Claim Discount" from your previous Insurers in respect of any of the Vehicles described in this Proposal?

If so, please attach Renewal Notice.....

15. Give Details of Car Anti-Theft Devices fitted

State whether you require	PARTICULARS OF INSURANCE REQUIRED	PREMIUM
Comprehensive Policy		
(a) Third Party Fire and Theft Policy		
(b) Third Party Policy		

TOTAL PREMIUM	
(COMPULSORY EXCESS) SHS:	

I/We warrant that the above statements and particulars are true and I/We hereby agree that this Declaration shall be held to be promissory and shall form the basis of the Contract between me/us and the and I am/we are willing to accept a Policy subject to the terms, exceptions and conditions prescribed by the Company therein. And I/we undertake that the Vehicle or Vehicles to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle or Motor Cycle Insurance or continuance thereof.

Date Proposer's Signature

No liability is undertaken until the proposal is accepted by the Company and the premium paid.