



Motor Private Car Proposal

Full name:

Full address:

Business or occupation:
(if more than one, state all)

Contact:

Type of Cover Required :

1. Purpose for which the vehicle will be used:

2. Driving Restrictions:

3. Particulars of vehicles to be insured (Note: Your estimate of present value must include accessories and spare parts)

Year/Make Of Vehicle / Model	(CC) Engine Capacity	Registration #	Price Paid	Estimate of Present Value
Engine # :	Vehicle Chassis # :		Vin #:	

4. Has the vehicle been modified or converted ?

5. Financial Interest:

6. Details of Drivers

Name	Age	Does the person hold a valid drivers licence	Percentage of Use	Listed Physical Conditions	Offences

7. Have any accidents or losses (whether covered by insurance or not) occurred during the past three years in connection with any motor vehicle owned, driven or used by you?

YES/NO

Year	Cost (paid or estimated)	Nature of payment (e.g. own damage, third party, etc.)	Brief details of the incident

8. Are you entitled to a "No Claims Bonus" from your previous insurer in respect of any of the vehicles described in this proposal? YES/NO

If Yes, please provide evidence.

9. a) Have you, or any known driver, been convicted of any motoring offence within the past 5 years, or have you recently been notified of any intended prosecution ? YES/NO

b) Have you, or any known driver, ever been convicted of a criminal offence involving violence, theft or fraud, or do you have any prosecution for such offences outstanding ? YES/NO

c) Have you ever been declared bankrupt, or have you ever been a Director or Partner in a business which has become insolvent ? YES/NO

d) Do you, or any known driver, have any physical disabilities (other than poor eyesight or hearing which is corrected by glasses or hearing aid) ? YES/NO

If Yes, please provide details.

10. Within the past 5 years, have you had

a) any insurance policy cancelled by an Insurer YES/NO

b) any insurance proposal declined of special terms applied. YES/NO

If Yes, please provide details.

Declaration

I/We desire to insure with the Company in respect of the vehicle or vehicles described in the above proposal. I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/we agree that this proposal shall be incorporated in and taken as the basis of the proposed contract between me/us and the Company and I/we agree to accept a policy in the Company's usual form for this class of insurance. 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 insurance or continuance thereof.

Signature _____ Date _____

Caribbean Alliance Insurance Company Limited

Registered Office: Caribbean Alliance House,
Cnr. Newgate and Cross Streets, P. O. Box 1609, St. John's, Antigua
Company Registration No. 2284