



**THE
PRESIDENTIAL INSURANCE
CO. LTD**

Head Office:
54 Richmond Street, Port of Spain
Phone: 625-4788/4769
Branch Office:
38 Gooding Village, San Fernando
Phone: 657-3414/3413

PROPOSAL FOR MOTOR VEHICLES

BRANCH/AGENCY
PREMIUM CALCULATION
GROSS PREMIUM
.....
.....
.....
.....
.....
.....
NET
TAX
PREMIUM
RA
TOTAL PREMIUM

COMPREHENSIVE AND THIRD PARTY COVERAGE

COPY RECEIVED BY:
DATE:

It Is Essential That A Definite Answer Is Given To Each Question

Period of Insurance from 20..... to 20.....

1. (a) Name of Proposer (in full).....
- (b) Address (Residential).....
- (c) Mailing Address.....
- (d) Contact (Home)..... (Work)..... (Mobile)..... Email.....
- (e) Occupation or Profession.....
- (f) Employer's Name.....
- (g) Date of Birth..... Sex: Male Female Other Marital Status.....

2. Do you have any other insurance with this Company? Yes No
If so, please state

3A Particulars of vehicle insured:- Chassis no. Engine no.

Registration Number	Make and Model of Vehicle	Type of body	Cubic Capacity or Horse Power	No. of Seats including Driver's	Year of Manufacture	Date of Purchase	Price Paid	Proposer's estimate of present value including accessories & spare parts

- 3B (i) Has the above vehicle EVER been used as a taxi for hire or reward, or has it ever been a total wreck? Yes No
- (ii) Has the engine been specially adapted to increase performance or is it intended to do so? Yes No
- (iii) Where are the vehicle(s) garaged overnight?
- (iv) Are they usually left in a garage in an open yard on the street in a fenced yard
- (v) Is the above vehicle(s) in good condition and repair and will it be maintained? Yes No

4. State type of cover required:- THIRD PARTY THIRD PARTY FIRE AND THEFT COMPREHENSIVE

5. Are you the owner of the vehicle (s) and is it registered in your name? Yes No
Please supply a certified copy within 14 days of this proposal and should the vehicle be sold within the period of insurance, the policy would be deemed as void or cancelled.
Name.....
If not, please state name and address of owner and of the person in whose name the vehicle(s) is registered. Address.....

6. If the vehicle(s) is the subject of a Hire Purchase Agreement, state name of Finance Company.....

7A State all purposes for which the vehicle (s) will be used Private Purposes as described below

7B If used for Carriage of Goods:- Other (Describe fully)

- (i) What is the general nature?
- (ii) Do you undertake cartage for other persons? Yes No
- (iii) In respect of each vehicle, state the type of license which you hold?
- (iv) State maximum carrying capacity?
- (v) Has the vehicle(s) been altered or adapted to carry a load heavier than stated in the maker's published specifications? Yes No

Private Purposes - The term "Private Purposes" means social, domestic and pleasure purposes and use for the insured's business or profession. The term "Private Purposes" does not include use for hiring, commercial travelling, racing, pace-making, speed-testing, the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

7C	If used for carrying Passengers - (i) Are the passengers carried for hire or reward? <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Is the vehicle(s) used for Public Service? <input type="checkbox"/> Yes <input type="checkbox"/> No (iii) State class of License? (iv) Will the vehicle(s) be rented/self hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Taxi Badge No..... Issue Date..... Expiry Date.....				
8.	(a) When were you first licensed to drive a Motor Vehicle? (b) Have you been driving a Motor Vehicle regularly during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, how long is it since you drove regularly?	Driver's Permit No..... Issue Date..... Expiry Date.....				
9A In respect of any other person who to your knowledge will drive. ("NONE" should be inserted if appropriate) please state:-						
Name(s)	Occupation(s)	Date of Birth	Drivers Permit No.	Issue Date/ Expiry Date	Class	Details of all accidents or losses during the past 3 years
9B Persons Entitled to Drive (FOR OFFICIAL USE ONLY) :-						
10.	To the best of your knowledge and belief have you, or has any other person who to your knowledge will drive:- (a) (i) Defective vision or hearing?..... (ii) Now, or within the last 5 years, suffered from diabetes, fits or any complaints of the heart? (iii) Any other physical or mental infirmity?..... If so, give details (b) Been convicted of any offence(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, state date and nature of penalty					
11.	Are you now or have you ever been insured in respect of any Motor Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Veh. No. If so, state name and Branch Office of Insurers and Policy No. (if known)					
12.	Has any Insurer in respect of yourself or any other person who will drive ever:- (a) Declined a proposal or cancelled or refused to renew a policy? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Required an increased premium or imposed special conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No (c) Required you or such person to carry the first amount of any loss? <input type="checkbox"/> Yes <input type="checkbox"/> No					
13.	Are you entitled to a "No Claim Discount" from your previous Insurers in respect of any of the vehicles described in the proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please state percentage and attach renewal notice.					

14. **IMPORTANT NOTE**

ALL POLICIES ARE SUBJECT TO THE FOLLOWING EXCESSES UNDER SECTION 1 & 2

- (a) (i) The Insured/Spouse over the age of twenty five (25) and driving more than two (2) years **Wind Screen Limit**

- (ii) Any other driver over the age of twenty five (25) years and driving more than two (2) years
- (iii) Name driver(s) including Insured/Spouse under the age of twenty five (25) or who is the holder of a drivers permit (other than a provisional or learners permit) which has been in force for less than two (2) years. **Road Side Assistance**
 Yes No
- (b) Fire and Theft

EXCESSES SUBJECT TO SECTION 9 A & B OF THIS FORM

15. Any additional perils

16. (a) Have there been any accidents and/or losses during the past five (5) years in connection with any Motor Vehicle owned or driven by you and/or by any other person who will regularly drive the Vehicle(s)? Yes No
- (b) If so, please give particulars in schedule below of such accidents and losses.

Year	Total Number of Motor Vehicles owned by Proposer	Total Number of Accidents and Losses		Damage to Proposer's Vehicles		Third Party Claims		Others	
				No.	Amount	No.	Amount	No.	Amount
			Paid						
			Outstanding *						
			Paid						
			Outstanding *						
			Paid						
			Outstanding *						

* Please state particulars of these

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I/We declare that the best of my/our knowledge and belief:-

- (a) The above are true
- (b) All material particulars affecting the assessment of the risk have been disclosed
- (c) The vehicle (s) is / are in a sound and roadworthy condition

I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers THE PRESIDENTIAL INSURANCE COMPANY LTD, and shall be deemed to be incorporated in such contact.

I/We undertake that the vehicle (s) to be insured shall not be driven by any person who to my/our knowledge and permission has been refused any motor vehicle insurance or continuance thereof.

Date20..... Proposer's Signature

The liability of the insurers does not commence until the acceptance of the Proposal has been formally intimated by the Insurers.