



INSURANCE COMPANY JAMAICA LTD.

PROPOSAL FORM FOR COMMERCIAL VEHICLES

IMPORTANT: 1. A DEFINITE ANSWER MUST BE GIVEN TO EACH QUESTION
 2. THE COMPANY RESERVES THE RIGHT TO CHARGE HIGHER PREMIUM OR TO DECLINE ANY PROPOSAL SUBMITTED.

THE PROPOSER (S)

(1) Name of Proposer				
	First	Middle	Surname	Title
(2) Address				
	Telephone:			
(3) Occupation or Trade and Address				(4) SEX
(5) Driver's Licence	Type	Date First Licence	Number	(6) Date of Birth

(7) PARTICULARS OF VEHICLES TO BE INSURED (use separate sheet if necessary)

Index Mark & Reg'd No.	Make of Vehicle	Type of Body	Horse- Power	L.H. or R.H. Drive	Weight Unladen Incl. Body	Maximum Carrying Capacity

Year of Make	Date of Purchase	Actual Price Paid by Proposer	Proposer's Estimate of Present Value Incl. Accessories and Spare Parts	Particulars of Trailers to be insured		
				Type of Body	Maximum Carrying Capacity	Proposer's Estimate of Present Value

Chassis and Engine numbers/letters _____

(8) How and where is/are the vehicle(s) secured overnight? _____

(9) Has the vehicle (s) been altered or adapted to carry a heavier load than stated in the Makers Published Specifications? If so, give full details: - _____

(10) Is/are the vehicle(s) now in a thorough state of repair? _____

(11) a. Are you the registered owner of the vehicle(s) _____ If not, give name and address _____

b. Is a Hire-purchase or other party interested in any of the vehicle(s) _____ if so, give names and address. _____

(12) Please state fully, the purpose(s) for which the vehicle(s) will be used: - _____

(13) Will anyone to your knowledge use the vehicle to learn to drive? _____

(14) If used for transport of goods: -
 (a) What is their general nature? _____

(b) Do you undertake cartage for other persons? _____

(15) If used carrying passengers: -
 (a) Are they carried for hire and reward? _____

(b) Is/are the vehicle(s) used for public Services? _____, if so, state whether fare-stage, tours, special contracts etc.. _____

(c) State Road Licence Number and expiry date _____

(16) State Town or Locality in which vehicle(s) will generally be used: _____

(17) Are you now, or have ever been insured in respect of any motor vehicle(s)?
 If so, State Name of Insurer, policy number and description of vehicle(s): _____

(18) Are you entitled to a 'No Claim Discount' from previous insurers in respect of the motor vehicle(s) described in this proposal? _____. If yes, attach ORIGINAL DOCUMENTATION OF PROOF.

(19) Give particulars to persons who to your knowledge will regularly drive the motor vehicle(s). (attach relevant driver application forms and approval letter(s))

	NAME	AGE	OCCUPATION	FULL OR PROVISIONAL LICENCE	LENGTH OF DRIVING EXPERIENCE
(1)					
(2)					
(3)					

(20) Have you, or has any person who to your knowledge will drive, ever.

- (a) Had a licence suspended?
- (b) Been convicted for any motoring offence, or has a prosecution pending?
- (c) Suffered from defective vision, defective hearing, diabetes fits or heart complaints or other defects of infirmities?
- (d) Has a proposal declined?

- (e) Been required to pay an increased premium or had special conditions imposed?
- (f) Been required to carry the first portion of any loss?
- (g) Been refused renewal or had a policy cancelled?

(21) Give Particulars of accidents and losses during the last three years in connection with any motor vehicle owned or used by you or used by any person named in

Question 15 (If no accidents, please write "None" here)

Date of Accident	Name of Driver	Circumstances	Insurance Company	Cost of Damage to Own Vehicle \$	Cost of Third Party Claim \$

(22) Please state: -

- (a) Type of Cover required: _____
- (b) Passenger Liability Limits: (for P.P.V. & Hire-Drive) _____
- (c) Additional benefits required: _____

Premium Calculation

GROSS:

DECLARATION

I/WE HEREBY DELCARE that all the above Statements and Particulars are true and that if any such answers are not in my/our handwriting, the person or persons filling in such particulars and answers shall be deemed to be my/our agent for that purposed. I/WE agree that this Declaration shall be the basis of the Contract of Insurance between the Company and myself/Ourselves. I/We agree to accept a Policy of Insurance according to the above Proposal, subject to the terms, exceptions and conditions to be expressed in and on the Policy, and undertake to pay the premium when called upon. I/WE further undertake that the vehicle(s) 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.

PERIOD OF COVER: From _____ to _____

For Office Use Only

Policy No. _____
 Cert. No. _____
 Agent: _____

Proposer's signature.....

Dated : _____

Note: If the Proposer is a company or firm, the official stamp must be used and the designation of the person signing given.