

**PROPOSAL FOR COMMERCIAL MOTOR INSURANCE FOR VEHICLES USED IN BARBADOS**

All questions MUST be answered fully. NO BLANK SPACES ARE ACCEPTABLE. Please use (BLOCK CAPITAL) LETTERS. Ticks are acceptable only where tick boxes are provided. Please tick the appropriate box. WARNING: If the Proposal Form is not completed in the Proposer's Own Handwriting, the Proposer should carefully check the Answers before signing the Proposal.

**DETAILS OF THE PROPOSER**

PROPOPER'S FULL NAME _____ <small>(State Individual or Company)</small>	DATE OF BIRTH _____ <small>(Day/Month/Year)</small>
NATIONAL REGISTRATION NUMBER/VAT REGISTRATION NUMBER (if COMPANY) _____	
BUSINESS REGISTRATION NUMBER _____	
PROPOSER'S FULL ADDRESS _____	
BUSINESS ADDRESS _____	
TEL: Home _____	Business _____ Mobile _____
FAX NO _____	EMAIL _____
DO YOU WISH TO RECEIVE INFORMATION FROM US VIA MOBILE TEXT? <input type="checkbox"/> Yes <input type="checkbox"/> No OCCUPATION _____	
NAME OF EMPLOYER _____	NATURE OF BUSINESS OR TRADE _____

DETAILS OF THE VEHICLE(S) TO BE INSURED	VEHICLE 1	VEHICLE 2	VEHICLE 3
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1. Registration No.			
2. Engine No.			
3. Chasis No./VIN No.			
4. Year of Manufacture			
5. Carrying or Seating Capacity (including Driver)			
6. Make and Model			
7. Type of Body			
8. H.P. or CC			
9. Date of Purchase			
10. Price Paid			
11. Present Value (including Accessories and Spare Parts)			
12. Left or Right Hand Drive			
13. Is vehicle new, second-hand or re-conditioned?			
14. If second-hand, state name and address of previous owner			
15. If reconditioned, or second hand provide a copy of De-registration certificate			
16. State where Vehicle(s) is/are usually garaged			
17. If more than one vehicle is to be insured, state how many are garaged in the same location			
18. Will a trailer(s) be used? If 'Yes' state number, weight and maximum carrying capacity of each	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are you the sole owner of the vehicle(s) and are they registered in your name? If 'No' please state details of ownership and registration	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are any of the vehicles being financed by a Hire Purchase Agreement or other type of contract? If 'Yes' state name and address of finance company	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

COVERAGE	Comprehensive	Third Party Fire and Theft	Third Party
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Select cover required. Tick (✓) appropriate box

PURPOSES FOR WHICH VEHICLE(S) WILL BE USED	VEHICLE 1	VEHICLE 2	VEHICLE 3
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Indicate all purposes for which the vehicle(s) will be used			
1. Will a trailer(s) be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you undertake cartage for other persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Will vehicle(s) be used for carrying passengers for hire or reward?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the vehicle used for public service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. State class of licence (eg, Hired Car, Taxi, etc.)			
6. Has the vehicle been altered or adapted to carry a load heavier than that stated in manufacturer's specification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is the vehicle in good state of repair? (Attach survey report)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Please provide a copy of the Inspection Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has the vehicle(s) been involved in any accident or 'write off'? If 'Yes', we shall require a survey report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. How many vehicle(s) are owned by you?			
11. Will the vehicle(s) be driven solely by you? If 'No' state Total number of employees licenced to drive			

DETAILS OF DRIVER	DRIVER 1	DRIVER 2	DRIVER 3
1. How many drivers are employed by you/your company?			
2. Have any of the drivers had their licence suspended or endorsed?			
3. Been convicted or are pending prosecution for any driving offences within the last 5 years? If 'Yes' please state			
4. Been refused insurance or had a motor policy cancelled or special terms imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you or any other person who may drive: Suffers or suffered from defective vision, hearing or physical infirmity or any other disability or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Now, or within the past 5 years suffered from diabetes, fits, loss of consciousness, stroke, or similar illnesses or any complaint of the heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Ever had motor insurance before? If 'Yes' please attach renewal notice and/or no claim discount	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has insurance ever been Cancelled/Declined/Not Renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Required to pay increased premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Special terms and conditions applied to you or anyone who will drive? If 'Yes' please state which company	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. WILL THE VEHICLES(S) BE DRIVEN BY ANYONE WHO IS UNDER TWENTY-FIVE (25) YEARS AND/OR DRIVING FOR LESS THAN TWO (2) YEARS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### ACCIDENT HISTORY

Please give details of all accidents within the last 5 years in connection with any motor vehicle. If insufficient space, attach additional sheet. If none state 'none' (Ticks and dashes are not accepted).

#### DETAILS OF AUTHORISED DRIVERS (including Driver) HEALTH/INSURANCE/DRIVING RECORD

**AUTHORISED DRIVER IS DEFINED AS: ANY PERSON WHO HAS PERMISSION FROM THE INSURED TO OPERATE THE INSURED'S VEHICLE(S) PROVIDED THAT SAID PERSON CURRENTLY HOLDS A VALID AND CURRENT BARBADOS DRIVER'S LICENSE AND IS 25 YEARS AND OVER AND HAS BEEN DRIVING CONTINUOUSLY FOR MORE THAN 2 YEARS CONSECUTIVELY.**

DRIVER DETAILS	VEHICLE 1	VEHICLE 2	VEHICLE 3
Full Name			
Address			
Postal Address			
Date of Birth			
Age			
Mobile No.			
Occupation			
Driver's License No.			
Original Date of Issue			
Expiry Date			
License Classes held			
Driving experience			
State previous/present insurance company in respect of any motor vehicle(s)			
Excess Applicable			
State if involved in any accident whilst driving any motor vehicle during last 5 years			
NAME			
DATE			
BRIEF DETAILS			
COST OF CLAIM			
THIRD PARTY			
OWN DAMAGE			

**DISCLOSURE**

It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

N.B. Please read the following declaration very carefully and read again the questions and answers especially if not completed in your own hand, before signing the form.

**DECLARATION**

I/We warrant that the above statement and particulars, which I/We have read over and checked, are true and accurate 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 Trident Insurance, 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 insurance or continued thereof, and I/We hereby apply for and agree to accept a Policy as designated above subject to the terms, exceptions and conditions prescribed by the INSURERS therein.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ Proposer's Signature \_\_\_\_\_

DATE INSURANCE TO COMMENCE \_\_\_\_\_ POLICY NO \_\_\_\_\_

N.B. Liability does not commence until this Proposal has been accepted by TRIDENT INSURANCE and the Premium paid in full, or as otherwise agreed to in writing, except as provided for by an Official Covering Note issued by TRIDENT INSURANCE.

**FOR OFFICE USE ONLY** Accepted/Declined by: CSR/Account Executive \_\_\_\_\_ Date: \_\_\_\_\_

Authorised/Declined by: Senior Account Executive/Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Compliance \_\_\_\_\_ Date: \_\_\_\_\_

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