



# GREATFIVE INSURANCE BROKERS LTD.

## PROPOSAL FORM FOR COMMERCIAL VEHICLE INSURANCE

INSURANCE COMPANY \_\_\_\_\_ POLICY \_\_\_\_\_

### SECTION 1 - PERSONAL DETAILS

- a. Full Name of Proposer \_\_\_\_\_
- b. Contact Details: (tel): \_\_\_\_\_ (fax): \_\_\_\_\_  
 (mobile): \_\_\_\_\_ (web): \_\_\_\_\_  
 (email): \_\_\_\_\_  
 (postal): \_\_\_\_\_ (code): \_\_\_\_\_ (town/ city): \_\_\_\_\_
- c. Proposer Pin Number & I.D.: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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### SECTION 2 - PROPOSAL DETAILS

- i. Period Of Insurance : (From): \_\_\_\_\_ (To): \_\_\_\_\_
- ii. Nature & Nature of Business \_\_\_\_\_
- iii. Address of Business / Occupation \_\_\_\_\_

All questions must be answered fully Ticks or Dashes are not sufficient.

| Registration Letters and Number | Make of vehicle | Cubic Capacity | Year of Manufacture | Type of Body | Seating Capacity Incl. Driver | Makers Maximum carrying capacity of vehicle | Tonnage | Price paid by Propose | Proposer's Estimate of present value |                   |
|---------------------------------|-----------------|----------------|---------------------|--------------|-------------------------------|---|---------|-----------------------|--------------------------------------|-------------------|
|                                 |                 |                |                     |              |                               |   |         |                       | Vehicle & Accessories                | Trailers (if any) |
|                                 |                 |                |                     |              |                               |   |         |                       |                                      |                   |
|                                 |                 |                |                     |              |                               |   |         |                       |                                      |                   |
|                                 |                 |                |                     |              |                               |   |         |                       |                                      |                   |
|                                 |                 |                |                     |              |                               |   |         |                       |                                      |                   |

PLEASE ATTACH A COPY OF THE LOG-BOOK FOR EACH VEHICLE

- 1. (a) Maximum number of trailers attached to the vehicle at any one \_\_\_\_\_  
 (b) Maker's maximum carrying capacity of each trailer \_\_\_\_\_ :
  
- 2. (a) State the owner of the motor vehicle and in whose name it is registered : \_\_\_\_\_
  
- (b) Is a Hire-purchase company interested in the vehicle?  Yes  No  
 If "Yes" give Name and Address  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- 3. Give full particulars of all purposes for which Vehicle will be used  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_

4. (a) If used for Carriage of goods, what is their general nature?
- (b) Do you undertake cartage for other persons?  Yes  No
- (c) Has the vehicle been altered or adapted to carry a load heavier than that stated in the Maker's published Specification? If "Yes", provide details:  
 Yes  No

5. If any Passengers Carried :
- (a) Are the passengers carried for hire or reward?
- (b) Are the Vehicles used for Public Service?  Yes  No  
 If "Yes" State class of license
- (c) Are passengers carried incidental to a contract for the conveyance of goods or merchandise?  Yes  No

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?  Yes  No

8. Have you or has any person who to your knowledge will drive, been convicted during the past (5) years of any offence in connection with any motor vehicle or is any prosecution or Police enquiry pending? If "Yes" give details :

9. Will the vehicle be used for Aircraft or Airport service along run ways taxiways or any municipal airport? If yes give details :  Yes  No

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?  Yes  No
- (d) Are your vehicles periodically overhauled and tested?  Yes  No

11. Are you now or have you been insured in respect of any Motor vehicle? If "Yes", state name of Company or Underwriter :  Yes  No

12. Has any Company or Underwriter ever:-
- (a) Declined your Proposal?  Yes  No
- (b) Required an increased premium or imposed special conditions?  Yes  No
- (c) Cancelled or not invited renewal of your policy?  Yes  No
- If "Yes" in any of the above, provide details:

13. Give particulars of accidents or losses 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/or cycles owned by Proposer | Total No. of Accidents and Losses | Damage to :                      |                                   |        |
|--------------|---|-----------------------------------|----------------------------------|-----------------------------------|--------|
|              |   |                                   | Proposer's vehicle and/or cycles | Third Party vehicle and/or cycles | Others |
|              |   |                                   |                                  |                                   |        |
|              |   |                                   |                                  |                                   |        |
|              |   |                                   |                                  |                                   |        |

14. Are you entitled to a "No Claim Discount" from your previous Insurers in respect of any of the vehicles described in this proposal?  Yes  No  
If so, please attach last Renewal Notice or other evidence

15. Give details of Car Anti-Theft Device fitted

### PARTICULARS OF INSURANCE REQUIRED

| Select policy required  | Premium (* Official Use ) |
|---|---------------------------|
| <input type="checkbox"/> (a) Comprehensive Policy             |                           |
| <input type="checkbox"/> (b) Excess protector                 |                           |
| <input type="checkbox"/> (c) Political Violence and Terrorism |                           |
| Total Premium   |                           |

### DECLARATION

I/We hereby declare the truth and correctness of the above statements and particulars and agree that this Proposal and Declaration shall be held to be promissory and the basis of the contract between me/us and GreatFive Insurance Brokers . I/We 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.

Further I/We do hereby accept the following restrictions of cover: (a) Compulsory Excess: As per Policy If Any.

Proposer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No liability (except for the period stated in the Insurer's Official Cover Note) is undertaken until the Proposal is accepted by the Insurer And the premium paid.