

COMMERCIAL MOTOR VEHICLE INSURANCE PROPOSAL

(DO NOT LEAVE ANY ANSWERS BLANK – FILL IN “NIL” OR “N/A”)

PROPOSER DETAILS

1. Name of Proposer (in full) ..... Social Security No. ....
BLOCK LETTERS PLEASE
Postal Address .....
Physical Resident Address .....
Contact No. (H)..... (O) ..... Cell ..... Fax ..... Email .....
Name of Employer (in full).....
Type of Business Entity: Company [ ] Partnership [ ] Sole Proprietorship [ ] Charitable Equity [ ]
Other (Please specify) [ ] .....
Profession or Occupation ..... Date & Place of Birth .....
Day/Month/Year
Type of Business Sector:
Private Sector Service [ ] Professional (attorney/accountant) [ ]
Public Sector/Government Service [ ] Real Estate [ ]
Financial Services [ ] Broker Retail/Distribution [ ]
Medical (dentist/doctor) [ ] Transport/Travel [ ]
Construction [ ] Other (please specify) .....
Nationality ..... Dual Citizenship? Yes [ ] No [ ] If YES, please state .....
Do you have any other Insurance Policy with this company? Yes [ ] No [ ] If YES please provide details
.....

PARTICULARS OF MOTOR VEHICLES TO BE INSURED

2.
Vehicle make and Model.....
Engine Size.....Year of Manufacture..... Seating capacity (Incl Driver).....
Present Mileage ..... (km or mls.) Registration and Engine/Chassis/VIN No.....
Purchase date ..... (Please attach copy of Title/Certificate of Registration)
Your estimate of present value incl. all accessories BZ\$.....(Duty Paid or Duty Free)
Price Paid for Vehicle ..... Purchased from .....
Has the vehicle ever been written off/salvaged from any country? .....
Has your vehicle been modified in any way with oversized tires/rims, audio/visual equipment, art work, anti theft device or high performance engine/equipment? Yes [ ] No [ ]
If YES please provide details and present value.....
.....

Note: You are required to ensure that the Sum Insured of your Vehicle is revised each year to reflect the current market value as claims will be settled on this basis. For total losses claims will be paid according to current market value/pre-accident value.

Has your vehicle been modified?

(I) To carry a load heavier than stated in the Maker’s published specifications? Yes [ ] No [ ]

(II) To carry an increased number of passengers? Yes [ ] No [ ]

If YES to any of the above, please provide details.....

Does the motor vehicle incorporate any lifting equipment, hoist, boiler or other equipment or apparatus that makes it a Tool of Trade? Yes  No  If YES please provide details .....

**TYPE OF COVER**

3. Please select cover by entering an X in the appropriate square:

Comprehensive  Third Party Fire and Theft  Third Party  Third Party "Act" only   
Comprehensive Including Hurricane

(a) **COMPREHENSIVE INCL. HURRICANE** Third Party Liability for injury to persons and damage to property. Loss of or damage to the insured vehicle by accident, fire or theft, Hurricane, windstorm or flood.

(b) **THIRD PARTY, FIRE AND THEFT** Third Party Liability for injury to persons and damage to property. Loss of or damage to the insured vehicle by fire or theft.

(c) **THIRD PARTY** Third Party Liability for injury to persons and damage to property. Limits: \$1,000,000.00 Bodily Injury/\$250,000.00 Property Damage.

(d) **THIRD PARTY 'ACT' ONLY INSURANCE** 'Act only' cover is limited to the legal minimum required under the Motor Vehicle Insurance (Third party risks) Act which basically means cover is limited to BZ\$50,000.00 for any injury or death to a Third party/BZ\$200,000.00 all claims and BZ\$20,000.00 for any property damage caused.

4. Term of Insurance from .....20..... to ..... 20 .....

**VEHICLE USE**

5. Will the Vehicle be used for social, domestic, pleasure purposes or travelling to and from your place of business? Yes  No   
Please provide details.....

If NO, in connection with what type of business/trade will the vehicle be used for?  
Please provide details.....

Will the vehicle be used for purposes other than carriage of your own goods? Yes  No   
If YES please provide details.....

Will the vehicle be used to draw any trailer? Yes  No   
If YES please provide trailer particulars.....

If used for carrying passengers ? Yes  No   
If YES, are passengers being carried for Hire/Reward? Yes  No

6. (a) Are you the sole Owner of the Vehicle above described and is it registered in your name? If not please state particulars of ownership and registration. (a) .....

(b) Does any other party have a legal interest in this Vehicle? Yes  No   
 E.g. hire purchase, lease, lien or mortgage agreement. If so, who?.....

7. Will the Vehicle be kept in a secure area (e.g. garage, car port, fenced yard, secured premises) when not in use?  
 Yes  No  If YES please indicate where.....

8. What is the prearranged plan for windstorms/hurricane warnings to secure the vehicle?  
 .....  
 .....

**(N.B. Warranty applies to comprehensive vehicles only)**

**DRIVER DETAILS**

9. Driver's Permit No..... Date of Issue..... Classes.....

Have you been driving a Motor Vehicle regularly during the past twelve months? Yes  No   
 If NO please state how long has it been since you drove regularly.....

Will anyone driving or who will drive your Motor Vehicle:

(I) Be less than 25 years of age? Yes  No

(II) Have less than 2 years regular driving experience? Yes  No

If YES to any of the above, please provide details.....

Additional Drivers Name.....Date of Birth.....

Drivers Permit No..... Date of Issue..... Classes.....

How many vehicles are in use/owned by your business?.....

**CLAIMS EXPERIENCE**

10. **NO CLAIM DISCOUNT-** If you are entitled to a No Claim Discount from your previous Insurers in respect of any Vehicle described in this Proposal, state for how many **years without claim**.  
 .....

QUESTIONS NOS. 10-13 RELATE TO THE PROPOSER AND ADDITIONAL DRIVERS	THE PROPOSER	ADDITIONAL DRIVER(S)	
11. Do you suffer from any physical infirmity, defective vision or hearing?			
12. Have you during the past five years been prosecuted or convicted of any offense in connection with any Motor Vehicle or is any such prosecution pending? If so give details.  Have you, or has anyone who will be driving your motor vehicle, made any claims (including windshield damage claims) during the past five years in connection with this or any other motor vehicle?			

13. Have you (a) Had a proposal declined? (a) (a) (a)  
 (b) Been required to pay an increased premium due to the indemnification of claims? (b) (b) (b)  
 (c) Been refused renewal of a policy? (c) (c) (c)  
 (d) Had a policy cancelled by an Insurer? (d) (d) (d)

14. Are you now or have you been insured in respect of any Motor Vehicle? If so state name and address with Policy number of Company or Underwriter.....

15. Give particulars of all accidents and losses during the past three years in connection with Motor Vehicles owned, used and/or hired by you-If none, state "NONE" .....

Year	No. of accidents/losses	Third Party		Comprehensive	
		Paid	Outstanding	Paid	Outstanding
<b>Total</b>					

A quotation will be made upon acceptance of the Proposal by the Company. In certain circumstances, you may be required to bear the first part of the cost of each claim.

**DECLARATION**

I/we declare that to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will enable insurers to void the insurance. A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to what constitutes a material fact, you should consult your insurance broker. I/we understand that signing this proposal does not bind the Proposer to complete the insurance, but agree that should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Date..... Signature of Proposer.....

FOR OFFICE USE ONLY	
Policy No.	Premium.
Customer No.	Remarks:
Excess	
Agency	



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