

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) BLOCK LETTERS PLEASE
Postal Address
Contact No. (H) (O) Cell Fax Email
Name of Employer (in full)
Address
Profession or Occupation Date of Birth
Do you have any other Insurance Policy with this company? Yes No
If YES please provide details

2. PARTICULARS OF MOTOR VEHICLES TO BE INSURED

Vehicle make and Model
Engine Size Year of Manufacture
Present Mileage (km or mls.)
Registration and Engine/Chassis/VIN No
Purchase date (Please attach copy of Title/Certificate of Registration)
Seating capacity (Inc Driver)
Your estimate of present value inc. all accessories BZ\$ (Duty Paid or Duty Free)
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 from20... 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, 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.....

DRIVER DETAILS

8. 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

9. **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** and evidence in writing of such.

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

13. 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.....
14. 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
Total					

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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