

PRIVATE 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 | <input type="checkbox"/> | Professional (attorney/accountant) | <input type="checkbox"/> |
| Public Sector/Government Service | <input type="checkbox"/> | Real Estate | <input type="checkbox"/> |
| Financial Services | <input type="checkbox"/> | Broker Retail/Distribution | <input type="checkbox"/> |
| Medical (dentist/doctor) | <input type="checkbox"/> | Transport/Travel | <input type="checkbox"/> |
| Construction | <input type="checkbox"/> | 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..... Model..... Year Color.....
- Seating Capacity (*incl. driver*)..... Transmission (*Auto or Manual*)..... Roof
- Engine Size (*cylinders*)..... Present Mileage (*km or mls*)
- VIN/Chassis/Engine No..... Registration No. (*License Plate*)
- Purchase date (***please attach copy of Title/Certificate of Registration***)
- Price Paid For Vehicle..... Purchased From
- Your estimate of present value incl. 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.

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** '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 solely for social domestic and pleasure purposes? Yes No
If not, what other purpose will you use the vehicle for?

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

Will the Vehicle be used for any purpose in connection with a business or trade or carriage of passengers for hire or rewards? Yes No
If YES please provide details.....

Will the vehicle be used for racing, pace making, speed testing, competitions or rallies? Yes No
If YES please provide details.....

- 6. (a) Are you the sole Owner of the Vehicle above described? Yes No
Is it registered in your name? Yes No
If NO please state particulars of ownership and registration.....
- (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.....

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 family/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.**

QUESTIONS NOS. 10-13 RELATE TO THE PROPOSER AND THE PROPOSER ADDITIONAL DRIVER(S)
 ADDITIONAL DRIVERS

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

New!

Personal Accident Extension

Driver Personal Accident Protection: Sum Insured \$10,000.00

As Third Party Motor Insurance does not offer any cover for the **driver** of the insured vehicle, we are including **Personal Accident protection** of up to \$10,000.00 **free of charge** for the first year of cover. This valuable protection can help the driver or his family cope with the financial consequences of death or major injury to the driver following a road traffic accident.

Benefits covered:

Death	\$10,000.00
Permanent Total Disability	\$10,000.00
Loss of use of one limb	\$ 5,000.00
Loss of use of two limbs	\$10,000.00
Loss of sight of one eye	\$ 5,000.00
Loss of sight of both eyes	\$10,000.00
Loss of hearing in one ear	\$ 2,500.00
Loss of hearing in both ears	\$10,000.00

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.
Account No.	Remarks:
Excess	
Agency	

**PRIVATE
MOTOR VEHICLE
INSURANCE**



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