



MOTOR INSURANCE PROPOSAL FORM

PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS FULLY

Agent/Referred by:

1. Name & Address of Proposer(s) <i>If more than one insured please provide relevant information</i>			
Mr./Mrs./Miss		Mr./Mrs./Miss	
Postal Address		Postal Address	
Home/Mobile		Home/Mobile	
Business		Business	
Fax		Fax	
E-Mail		E-Mail	
Date of Birth		Date of Birth	
Drivers License #:		Drivers License #:	
Social Security #		Social Security #	
2. Drivers License Type: <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Automatic Vehicles		3. Type of Drivers License: <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Automatic Vehicles only	
4. Employers' Name or state if self-employed		5. Employers' Name or state if self-employed	
6. Occupation/Nature of Business:		7. Occupation/Nature of Business:	

8. VEHICLE DETAILS

Reg. No.	Make & Model (State if LX, DX etc)	Year	C.C H.P.	Seating Capacity	Type of Body	Sum Insured

9. Date of Vehicle's Initial Registration

10. Transmission type: Automatic Standard

11. (a) Chassis No.:

(b) Engine No.

12. Period of Insurance required: From:

To:

13. State whether vehicle is (a) Local Dealer Import
(b) Reconditioned Import

(c) R/H Drive
(d) L/H Drive

14. Has the vehicle been involved in any previous accidents? Yes No Please give details below:

Date	Details	Repairs made

15. Is there any present damage on the vehicle? Yes No Please give details below:

.....

16. Is the vehicle modified or converted or do you intend to modify or convert it in any way? Yes No If yes, give details:

.....

17. Do you require the following included in your coverage? If yes, please indicate and provide value. Yes No

Stereo equipment apart from standard - \$ Magwheels - \$

18. Is the Vehicle in a good state of repair and will it be so maintained? Yes No

19. Is the vehicle kept in a secure location and not left regularly unattended at night Yes No

COVERAGE

20. Please indicate type of coverage required: Third Party Only Comprehensive

21. Do you require any of these optional benefits (*not applicable to Third Party, Commercial or Taxi Vehicles*) Yes No

Temporary Replacement Vehicle Increased Windscreen Cover Personal Accident Benefits Agreed Value Policy

22. Is there a loan on the vehicle? Yes No If yes, state name and address of financial institution:

.....

DRIVERS

23. Will the vehicle be driven solely by you? Yes No. If not, please state the names of persons who will drive

- Give details of all persons who to your knowledge may drive the vehicle (copies of drivers license required)

Full Name	Address	Occupation	Year License First Issued	Type/Class of license	Date of Birth	Convictions

24. Do you wish to restrict driving to up to two (2) selected drivers? Yes No If yes state above names of drivers:

25. Who is the registered owner of the vehicle?.....
26. Who will be the main driver of the vehicle?.....
27. (a) Are you a permanent resident in St. Lucia? Yes No If no, state length of stay:.....
- (b) Are you a holder of a St. Lucian D/License? Yes No If no, state country of issue:.....
- (c) Have you had your driving license suspended at any time? Yes No
- (d) Have you been convicted of any motoring offence during the last 5 years Yes No If yes please give details below:.....
- (e) Do you or anyone who will drive the vehicle suffer from diabetes, epilepsy, heart disorder, defective vision or hearing loss, or loss of use of any limb or any mental or physical infirmity? Yes No If yes, please give details below:.....

28. Are you at present or have ever been insured in respect of any motor vehicle? Yes No
If yes, state your previous/present insurer:.....

- (a) Have you ever had a policy been subject to any special terms or conditions? Yes No
- (b) Have you had a policy cancelled, declined, or a renewal refused by an insurer? Yes No

29. Are you entitled to a No Claims Discount? Yes No If yes, please state amount and attach original proof %

30. Do you own any other vehicle? Yes No If yes, please state where it is insured.....

USE OF VEHICLE: (if more than one, please tick applicable use)

31. Social, Domestic Pleasure Business Use Taxi/Hire Purposes
 Commercial Traveling General Cartage/Haulers Own Goods
 Vehicle Rental

If the vehicle will be used for the carrying of passengers for hire/reward please state number of passengers

If goods will be carried in the vehicle please state

- (a) General Nature of Goods:
- (b) Do you undertake the carrying of goods for other persons for reward Yes No

INSURANCE HISTORY:

32. Have you or anyone who will drive, been involved in any accidents in the past 5 years? Yes No
If yes, give details on the following schedule of any accidents or losses during the last 5 years in connection with any motor vehicle owned or driven by you and all additional drivers.

Date	Name of Driver	Brief details of incident	Cost of Claim

33. Have you been informed of your policy excess? Yes No If yes please state excess below:
a) Standard Excess:..... b) Other driver excess:.....

34. Will the vehicle be driven by anyone under the age of 25, or anyone licensed for less than two (2) years? Yes No
If yes, have you been made aware of the Young/inexperienced driver excess: Yes No
If yes please state excess below:
a) Young/inexperienced driver excess:.....

Please read the following carefully before signing this Proposal Form

IMPORTANT INFORMATION ABOUT MOTOR INSURANCE

The policy is voidable if the proposer makes any false statement or withholds any material information for the purpose of obtaining a Certificate of Insurance. The proposer is urged in his/her own interest to ensure that this form is fully and correctly completed.

I declare that to my knowledge and belief the answers and particulars given in this proposal, whether by me or on my behalf are true and complete, that I have not withheld any material information. I agree that this proposal and declaration shall be the basis of the contract between me and **EC Global Insurance Company Limited** whose policy terms and conditions I accept.

I hereby authorize the Commissioner of Police or his representatives or the Chief Transport Officer of the Ministry of Communications, Works, Transport & Public Utilities or his representatives to release any and all information that may be required by **EC Global Insurance Company Limited** pertaining to me, my authorized driver or the vehicle (s) declared in this Proposal Form or in the Policy document which together constitutes the contract.

Date..... Proposer's Signature.....

LIABILITY DOES NOT COMMENCE UNTIL AN OFFICIAL COVER NOTE OR CERTIFICATE HAS BEEN ISSUED

OFFICE USE ONLY	
Policy No	
Period of Cover	
Initial Premium	
Reviewed by:	

N.B. EC Global must be notified of any changes to the manufactures standard model after the date of this application