

M & C General Insurance Company Ltd.

Head Office: 9-11 Bridge Street, P. O. Box 786, Castries
St. Lucia, W.I.

Private Motor Car Insurance Proposal

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

PLEASE
USE
BLOCK
CAPITALS

1. (a) Name of Proposer (in full) _____ DATE OF BIRTH _____

(b) Address (home) _____
(c) Postal Address _____

Telephone No _____
(d) Email Address _____
(e) Trade, occupation, profession _____
(f) Name of employer _____
(g) Address _____

Telephone No _____
2. Do you have any other insurances with M & C General Insurance? YES NO
If 'YES', please give particulars _____
3. How long have you held a valid drivers license? _____
4. To your knowledge, will anyone driving your motor car:
(a) Have less than two years regular driving experience? YES..... NO
(b) Be less than 25 years of age? YES NO
If 'YES' to either of these, please give driver's name and age _____

5. Will anyone suffering from defective vision, hearing or any physical disability or infirmity drive your motor car? YES NO
6. Have you ever been convicted of any offences in connection with the driving of any motor vehicle? YES NO
If 'YES', please state the date and nature of conviction _____

7. Has anyone who will drive your motor car been convicted of any offence in connection with the driving of any motor vehicle? YES NO
If 'YES', please state the date and nature of conviction _____

8. Are you now or have you ever insured a motor vehicle in your name? YES..... NO
If 'YES', please state name of Company _____

9. Has any Insurance Company ever
(a) Declined your proposal? YES NO
(b) Increased your premium? YES NO
(c) Required you to carry/pay the first portion of any loss? YES..... NO
(d) Refused to renew or cancel your policy? YES NO
(e) Intimated that they would prefer you to place the business elsewhere or otherwise hinted or informed you that they do not wish to continue your insurance? YES NO
If 'YES' to any of these, please explain _____

10. Have you or has anyone who will drive your motor car, ever had any accidents with this or any other motor vehicle? YES NO
If 'YES', please give details _____

GIVE A SEPARATE ANSWER FOR EACH YEAR

Year	Number of Vehicles	Number of Claims Or Accidents	Accidental Damage	Third Party	Outstanding

11. Will your vehicle be kept in a locked garage at night? YES NO

If 'NO', state where _____

12. Has the motor car been modified in any way or fitted with oversized tires or a high-performance engine or equipment? YES NO

If 'YES', give details _____

13. Is your motor car
 (a) New _____ Secondhand _____
 (b) Registered in your name YES NO
 (c) Subject of a Hire Purchase or Mortgage Agreement YES NO

If 'YES', please state the name of the Finance Company _____

14. Has this vehicle ever been involved in an accident? YES NO

If 'YES', give details _____

15. Is your motor car fitted with an anti-theft device? YES NO

If 'YES', name of devise _____

16. Will your car be used for any purpose in connection with
 (i) The Motor Trade? YES NO

If 'YES', please give details _____

(ii) Racing, pace making, speed testing or the carriage of passengers for hire or reward? YES NO

If 'YES', please give detail _____

b. Will your motor car be used only for private social and domestic purposes or travelling to and from your place of business? YES NO

If 'NO', please state other use _____

17. Is your motor car in good condition and repair and will it be kept so? YES NO

18. Type of cover required is:
 COMPREHENSIVE _____ THIRD PARTY FIRE AND THEFT _____ THIRD PARTY ONLY _____

19. Do you wish to extend the policy to include
 (a) WINDSCREEN DAMAGE (b) UNOBTAINABLE SPARE PARTS (c) HIGH EXCESS (d) LOSS OF USE YES NO

20. Do you wish to extend the Policy to include loss or damage and/or liability, arising from flood, typhoon, hurricane, windstorm, volcanic eruption, earthquake or other convulsion of nature? YES NO

21. Do you wish to extend the Policy to include loss or damage and/or liability arising from Strikes, Riots and Civil Commotion? YES..... NO.....

22. Are you aware of any additional material facts which may influence underwriter's consideration of this risk? YES NO

If 'YES', give details _____

23. Risk date from _____ to _____

PARTICULARS OF THE MOTOR CAR(S) TO BE INSURED

License Reg. No.	Make	Type of Body	Horse Power or Cubic Capacity	Year of Manufacture	Seating Capacity (Incl. Driver)	Date Purchased	Market Value Incl. Accessories	Engine No.	Chassis No.

NOTE: YOU ARE REQUIRED TO ENSURE THAT THE SUM INSURED IS REVISED EACH YEAR TO REFLECT THE CURRENT MARKET VALUE. CLAIMS WILL BE SETTLED ON AN INDEMNITY BASIS - FOR TOTAL LOSSES YOU WILL BE PAID THE ASSESSED PRE-ACCIDENT VALUE, PROVIDED THE SUM INSURED IS ADEQUATE.

I/We warrant the above statements and Particulars which I/We have read over and checked are true, and that the motor car(s) referred to is/are in good condition and repair. I/We desire to effect an insurance with M & C General Insurance Co. Ltd. on the terms, conditions and exceptions of the Policy to be issued by the Company. I/We agreed that this Proposal shall form the basis of the Contract between me/us and the Company and shall be deemed as incorporated in the Policy to be issued.

Proposer's Signature _____ Date _____

I/We understand that the Policy is on a 'Named Driver' basis and that no cover is afforded if my/our motor car is operated by any person not named as a driver and that a completed 'Named Driver' Form is required for each additional named driver.

Proposer's Signature _____ Date _____