



EQUITY INSURANCES LIMITED

"Briarfield," Lower Collymore Rock, St. Michael BB11115, Barbados, West Indies
Tel: (246) 429-2920 Fax: (246) 429-2957

**AGENTS AND MANAGERS FOR:
FIRST EQUAL INSURANCE CO.LTD.**

Motor Proposal Form

Please give a definite answer to every question.

GENERAL DETAILS

1. Full Name of Proposer _____
2. Date of Birth : Day _____ Month _____ Year _____
3. Occupation _____ I.D. No. _____
4. Full Postal Address _____
5. Telephone Nos: Home _____ Work _____
6. What are the ages of your children? _____
7. Period you require Insurance: From: Day _____ Month _____ Year _____ To: Day _____ Month _____ Year _____
8. How long have you held a valid Driver's License? _____ Years _____ Months
9. How long have you been driving motor vehicles continuously? _____ Years _____ Months
10. Previous Insurance Company: _____
11. Have you or any other person who may drive:-
 - (a) suffered from defective vision or hearing? Yes No
 - (b) any physical or mental infirmity? Yes No
 - (c) now or within the past 5years suffered from fits, loss of consciousness or any complaint of the heart? Yes No
 - (d) been cancelled or declined or had special terms imposed for motor insurance? Yes No
12. Will the vehicle(s) be used:-
 - (a) solely for social, domestic and pleasure purposes or travelling to and from your normal place of work? Yes No
 - (b) for Commercial Travelling or Motor Trade purposes? Yes No
 - (c) for Business purposes by any person other than yourself? Yes No
13. Particulars of vehicle(s) to be Insured:

Chassis Nos: (i) _____ (ii) _____ (iii) _____

	Date of Purchase	Registered Numbers & Letters	Year of Manufacture	Make and Model	HP or CC	Engine Number	Seating Capacity	Type of Body	Value to be insured
(i)									
(ii)									
(iii)									

14. A. Is the vehicle:

	Vehicle (i)	Vehicle (ii)	Vehicle (iii)
(a) left-hand drive or right-hand drive?	_____	_____	_____
(b) new or second-hand?	_____	_____	_____
(c) duty free?	_____	_____	_____
(d) turbo/GT?	_____	_____	_____
- B. What is the colour _____

SELECT YOUR COVER

15. Indicate cover required - tick() appropriate box:

Comprehensive including Hurricane

Third Party

16. (a) Is the vehicle in a good state of repair? Yes No
 (b) Has the vehicle been modified or altered in any way? Yes No
 (c) Has the vehicle been involved in an accident or write-off? Yes No
 (d) Is the vehicle solely owned by you and registered in your name? Yes No

17. State the address at which the vehicle will be garaged.

18. Is the vehicle subject to a Hire Purchase or Loan Agreement? Yes No
 If yes, state name and address of finance company.

LOSS OF USE

19. The Policy provides seven (7) days loss of use cover at no cost.

Do you require an additional 7 days? 14 days?

If yes, you will be required to pay an additional premium.

Note: This extension is only available if you have Comprehensive cover. We will provide cars not exceeding 1600 cc engine size and all arrangements will be made by us.

20. Give particulars of ACCIDENTS AND LOSSES DURING THE PAST FIVE YEARS IN CONNECTION WITH THESE OR ANY OTHER MOTOR VEHICLES OWNED OR DRIVEN BY YOU. **ALL accidents must be included whether insured or uninsured and whether resulting in a claim or not. If NONE, state "NONE."**

Date of Claim	Your vehicle Reg. No..	Brief Details of Accident	Cost (Paid and Outstanding)		Name of Insurance Co.
			Own Damage	Third Party	

21. **You will be required to pay an additional excess for undeclared drivers.** Give particulars in respect of any person(s) who will drive. **If NONE state "NONE".**

Name(s)	Date of Birth	Occupation(s)	Driving Experience	Class of Licence Held	Details of Accidents During Past 5 Years

DISCLOSURE

All important facts which may affect the acceptance or assessment of the coverage requested by this proposal must be disclosed. If you are in doubt about what is important, tell us or your broker. Failure to disclose these facts may invalidate the Policy.

DECLARATION AND SIGNATURE

I declare that to the best of my knowledge and belief the information on this form is true in every respect.
I also declare that if anything on this form was written by another person, he or she acted as my agent for this purpose.
I agree that this proposal and declaration will be the basis of the contract between me and the Company.

I agree that the Company may disclose details of or relating to this Agreement, particulars of any claim or payment made pursuant to this Agreement to any third party and that the Company may make such enquiries regarding my credit worthiness or insurance history as the Company sees fit.

_____ Date

_____ Signature of Proposer

The Company reserves the right to refuse any proposal.

FOR OFFICE USE ONLY

PREMIUM

VEHICLE 1

GROSS
N.C.D.
V.D.
L.D./S.D.
TOTAL
NET AMOUNT
EXCESS

VEHICLE 2

GROSS
N.C.D.
V.D.
L.D./S.D.
TOTAL
NET AMOUNT
EXCESS

VEHICLE 3

GROSS
N.C.D.
V.D.
L.D./S.D. TOTAL
NET AMOUNT
EXCESS