



Cabrits Agencies

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PRIVATE MOTOR VEHICLE PROPOSAL FORM

ALL QUESTIONS MUST BE ANSWERED

THE PROPOSER:

NAME IN FULL: _____

(Mr., Ms, Miss, Mrs.) _____

POSTAL ADDRESS: _____

HOME ADDRESS (if different than above) _____

Postal Code (if any) _____ SS#: _____

DATE & PLACE OF BIRTH: _____

NATIONALITY: _____ e-mail address: _____

TELEPHONE No(s): home _____ business _____ cell _____
 (Provider and Number)

EMPLOYMENT:

OCCUPATION / TRADE / PROFESSION: _____

EMPLOYER'S BUSINESS: _____

EMPLOYER'S NAME and ADDRESS: _____

Address at which Employed (if different) _____

EMPLOYER'S TELEPHONE No(s) _____ FAX _____

If self employed, state nature of your self employment _____

CONTACT PERSON: Name, Address, Tel. No(s): _____

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THE VEHICLE (S) (if more than 2, attach schedule)

Chassis No.	1) _____	2) _____			
V.I.N. (if Different)	1) _____	2) _____			
Engine No.	1) _____	2) _____			
Reg. No.	1) _____	2) _____	Make	1) _____	2) _____
Model	1) _____	2) _____	Model No.	1) _____	2) _____
Year manf.	1) _____	2) _____	c. c.	1) _____	2) _____
Seating capacity	1) _____	2) _____	LHD/RHD	1) _____	2) _____
Type of Body	1) _____	2) _____	Est. of Value	1) _____	2) _____

PERIOD OF INSURANCE FROM _____ TO _____

COVER REQUIRED: i) Comprehensive _____ ii) Third Party F & T _____ iii) TP Only _____

OWNERSHIP: Is vehicle registered in your name? _____ If not, give name and address of registered owner _____

_____ Give name of Finance Company (Mortgagee), if any _____

USE OF VEHICLE / GENERAL

1. a) Is vehicle being used only for social, domestic and pleasure purposes? _____ b) Business/professional use? _____

c) Commercial Traveling? _____, describe samples carried _____

d) Any other purpose? _____, if so, give details. _____

2. a) Is the vehicle roadworthy and in good condition? _____ b) Has the vehicle been modified from the manufacturer's

specifications? _____ if so give details _____ c) Do you intend to modify the vehicle? _____

d) Does the vehicle have a super charged or turbo charged or other high performance engine? _____

3. Where is the vehicle usually kept overnight? _____

4. If the vehicle includes special accessories or fittings give details, value(s) and state if included in estimate of value _____

5. Do you have or have you had any motor insurance in the past 5 years? _____ If so, state name of Company(ies). _____

6. Has any Company refused to renew, cancelled your policy, declined your proposal, or imposed special terms or conditions? _____

If yes, give details _____

DRIVERS (INCLUDING PROPOSER)

NAME	Relationship to Proposer	OCCUPATION	Date of Birth	Date licence First Issued	Full Licence: NUMBER	TYPE

7 a) Who will be the main driver of the vehicle? _____

b) Will the drivers of the motor vehicle(s) be restricted solely to the drivers named above? _____

8. Will anyone to your knowledge be using the vehicle to learn to drive? _____

If the response to questions 9 a) to e) below is yes, please give details in the space provided.

9 a) Has any intended driver held a full licence for less than 24 months ? _____

b) Has any intended driver **not** driven for any consecutive period of 6 months or more during the past 24 months? _____

c) Has any named driver (including yourself if relevant) suffered from defective vision, hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity? _____

d) To the best of your knowledge in the past 36 months has any driver named above i) been fined, _____ ii) had their licence endorsed / revoked, _____ iii) been prosecuted for a motoring offence? _____

e) To your knowledge has any driver had any insurance declined, cancelled or had any increased rate or special conditions? _____

QUES. #	NAME	DETAILS
9		
9		
9		

CLAIMS HISTORY:

10. **What accidents or losses have occurred during the past 36 months**, by you or any other person who will regularly drive the vehicle?

Year	No.	NAME of DRIVER and BRIEF DETAILS

INCREASED BENEFITS

11. Do you need special windscreen glass cover? _____ State Limit _____

DISCOUNTS

12. a) Do you (or your spouse): i) Have an HOC Policy with JIIC? _____ ii) Have other vehicle(s) insured with JIIC? _____

b) Do you wish a restricted driving discount (driving restricted to proposer and 2 named drivers)? _____

c) **Are you earning a No Claim Discount?** (if so, please provide a claims experience letter) _____

The policy is voidable if the proposer makes any false statement or withholds any material information.

I declare that to my knowledge and belief the 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 JIIC whose policy terms and conditions I accept.

I hereby authorise the Commissioner of Police or his representatives or the Inland Revenue Division or their representatives to release any and all information that may be required by JIIC pertaining to me, my authorised driver or the vehicle(s) declared in this Proposal Form or in the Policy document which together constitute the contract.

Date _____

Proposer's Signature _____

Broker /Agent

Liability does not commence until an official cover note or certificate has been issued.