



## STATE INSURANCE

COMPANY LIMITED

Live in a better State of mind

Redcliffe Street, P.O. Box 290, St. John's, Antigua. W.I.  
(268) 481-7800/1/2/3/4 • info@siclfinancial.com • siclfinancial.com

### GOVERNMENT OF ANTIGUA

I/ We desire to insure with State insurance Company Ltd. The Motor Vehicle(s) described in the above schedule of insurance and I / WE hereby warrant the above statement and particulars are true and I/ We have not suppressed, misrepresented or mis-stated any material fact and I/ We state that this declaration shall be the basis of the contract between the Company and me/ us.

I/ We further agree that if the proposal, in any particular manner is filled in by any other person such person shall be deemed my/ our agent of the Company. I/ We further declare that I we/ read and understand all particulars entered herein and I/ We have signed this offer verifying the same to be true and complete in all respects.

I / We further agree that I WE, am are willing to accept the Company's policy of Insurance subject to the following clauses and warranties .

1. Compulsory Excess of \$ ..... in respect of each and every claim arising out of any accident.
2. Additional Excess of \$ ..... if at the time of accident;
  - (a) The person driving the vehicle is under the age of 25 years
  - (b) Holds the provisional license or
  - (c) Holds a license but has been driving for less than two years.

Dated this ..... day of ..... 20.....

Basic Premium \$

Discount..... %

Subtotal

AD&D

Net Premium \$

.....  
Signature of Proposer