

Live in a better State of mind

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Proposal for Private Motor Vehicle Insurance

PLEASE GIVE DEFINITE ANSWER TO EACH QUESTION

1. Name in Full(Please Print)...... Sex

Address..... Occupation/ ProfessionPhone......Phone. Seating Registered Model Type of Body C.C. Year of Date of Paid Price Proposer's Estimate Letters and Manufacture Cap. Purch. of Present value Include. Number Include. Accessories Driver

2.	Engine Number	•••••			Cha	ssis Number		
3.	a) Was this vehicle bough b) Has the engine or bod			a)				
	standards specifications Any such alterations con	, templated	? If so give details			No		
	c) Is the vehicle in good s	state of rep	bair?					
4.	a) Will the vehicle be use domestic and pleasureb) Solely by you for your	e purposes	?	a) Yes b)				
	c) On your business by yo d) For the carriage of goo	our emplo	yees or other persons?		c) d)			
	trade or profession? e) For commercial traveli profession ?	ing conne	cted with your trade or		e)			
	f) In connection with mo g) For any other use, plea							
5.	a) Are you the sole ownerb) Is it registered in yourc) If not, give name and a	name?			a) Yes b) Yes	No No		
	vehicle is registered. d) Is the vehicle subject of	of a hire p	urchase agreement?		d) Yes	No		
	e) If so, give name and a	ddress of I	Bank or Finance Compa	any	e)			
6.	Have you during the past Prosecuted or convicted Motor vehicle or is any su details	of any offe	ence in connection wit	n h				
7.	Are you now or have you Motor Vehicle? If so, give name and add					No		
8.	Has any company or u	nderwrite	er at any time:		a) Yes	No	_	
a)	Declined a motor prop	osal from	the proposer?		b) Yes	No		
b)	Required you a pay the Imposed special condi		t of any loss or		c) Yes	No		
c) d)	Required an increase p Refuse to renew or car proposer?	premium			d) Yes	No		
9.	If vehicle is being used or household or Direct				es give full details	below		
	NAME	Age	When first Licensed to Drive	Occupation	Relation to proposer	Number of Accidents during the past 3 years		
	1.							
	2.							
	3.							
	4.	1						
	_ · ·	1	1		1			

10.			Accide	nt	History						
Year	Number of vehicles owned by		Own Damage Claim paid				d Claims Pending				
	Proposer	Proposer	Othe	rs	Proposer	Others	Proposer	Others			
				<u> </u>							
 Do you or any other person licensed to dri suffer from any physical infirmity, defectiv vision or hearing? If so, give particulars? 											
	ntitled to any n ious Insurer? (/			Yes No							
13. Indicate type of cover required					Comprehensive hird Party Only	b) Including" Act (hurricane. Ea Tidal Wave, V Eruption, Floo	arthquake, Volcanic				
) Third Party and Windshield damage Protection			
14. Period of I	nsurance: Fron	n)	to		20				
I / We desire to insure with State Insurance Company Limited the Motor Vehicle(s) described in the above proposal. I / We hereby warrant that the above statement and particulars are true and I / We have not suppressed, misrepresented o concealed any information materially affecting the risk and I / we state that this proposal shall form part of the policy and shall be the basis of the Contract between me/ us and the Company											
I/ We further declare that I/ We have read and understood all particulars entered herein and agree to accept the policy of insurance in the Company's usual form subject to the following clauses and warranties.											
I/ We further declare and agree that the motor vehicle/s to be insured shall not be driven by any person who to my/ our knowledge has been refused any motor vehicle insurance or continuation thereof .											
FOR COMPRE	FOR COMPREHENSIVE POLICY ONLY										
 Compulsory Excess of \$ in respect of each and every accident, fire and theft. And if at the time of any accident; The person driving is under the age of 25 years Holds the provisional license or Holds a license but has been driving for less than two years 											
	Additional Excess of \$ in respect of each and every accident will apply besides the Compulsory Excess.										
3. Voluntary	excess (in add	lition to the ab	ove) \$	•••••	where applic	able)					
Dated this day of20											
	Signature of P	roposer									
			FOR OFF	ICE	USE ONLY						
BASIC Premium	¢					N	OTES				
					CERTIFICATE No):					
Loading (1) % \$			POLICY No								
ADDITIONAL PREMIUM \$			I YPE OF COVER								
Sub-total \$			- [- RECEIPT No DATE							
AD&D \$			- [ENDORSEMENT	S:						
Less N.C.B	ess N.C.B % \$			_ [
NET PREMIUM	NET PREMIUM \$										