

Your Commercial Vehicle Proposal Form

PLEASE PRINT INFORMATION

CONTACT DETAILS	Name of Proposer	
(we will not pass these	Address	
details to any third party)		
	Telephone/ Cell phone number	
	E-mail Address	
	Occupation and Employer	
	Date of Birth	
	Years licence held	
	Drivers licence No.	
	Date of Issue and Expiry	
	Proposer principal driver?	
MOTOR VEHICLE DETAILS	Make / Model / Colour	
	Registration No. / VIN No.	
	Horse Power	
	Seating Capacity	
	Year Made	
	Date of Purchase and Price	
	Duty Paid or Duty Free?	
	Current Market Value	
	Has the vehicle been modified?	
	Any damage to the vehicle?	
IMPORTANT - Has the vehicle even	been written off or salvaged	
	from any other Country?	

USE OF VEHICLE

This vehicle may be used only within the Turks and Caicos Islands and for social, domestic and pleasure purposes and personally for the Insured's business. The Insured and any person aged 25 or over driving on the Insured's order or permission who holds a valid licence or other permit as required by the traffic law. Please note that special conditions and excesses apply to drivers who are under the age of twenty five years, and we would refer you to Endorsement 2 of the policy document.



OTHER DRIVER DETAILS	Name		
	Relationship to Proposer		
	Date of Birth		
	Sex		
	Occupation		
	Years license held		
	% time of use		
DO YOU OR ANY OTHER PER	SON DRIVING THIS VEHICLE	3:	
Suffer from any physical infirmity?		yes / no	
Suffer from defective vision or hearing?		yes / no	
Been convicted or being prosecuted for a motoring offence?		yes / no	
Held a previous motor insurance policy?		yes / no	
Had special conditions imposed by an Insurance company?		yes / no	
Had an insurance proposal declined?		yes / no	
Been refused renewal or had a policy cancelled?		yes / no	
Had any motor accidents, losses or claims in last three years?		yes / no	
If "yes" to any of the questions above, please give details			
WILL THE VEHICLE PRINCIPA	ALLY BE USED FOR:	Г	
Social, Domestic and Pleasure Purposes?		yes / no	
Business Purposes?		yes / no	
The carriage of goods in connection with your business?		yes / no	
The carriage of goods for reward?		yes / no	
The carriage of passengers for reward?		yes / no	
Description of good (if applicable)			
How many other vehicles are used	owned by your family?		
MORTGAGEE INTEREST	if yes, with		

INSURANCE				THE SACALOGUE DE DIGITAL DE SACALOGUE DE SAC
Are you entitled to a no claims bonus?			yes / no	
Name of present Insurer				
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Which of the following sections do	you require!	$\overline{}$	Limit or value (US\$)	excess
1(a) - Liability to Persons	yes		500,000	zero
1(a) - Liability to Property	yes		100,000	zero
2 - Fire and Theft	yes / no			
3 - Own Damage	yes / no			
4 - Windscreen	yes / no			
5 - Hurricane	yes / no			
Emergency medical expenses	yes		100	zero
PERIOD OF INSURANCE				
From		To		Both days inclusive
DECLARATION				
I/We wish to effect an insurance with	Turks and Caicos First	Insurance	e, on the terms, conditions a	nd exclusions
of the Policy to be issued by the Comp	pany. I/We warrant that	the staten	nents and particulars given l	by me/us
in this proposal are to the best of my	/our knowledge and belie	ef, true an	d complete and no material	fact has been
misrepresented mis-stated suppressed	d or withheld and that the	e motor ve	chicle is in good condition as	nd repair.
I/We agree that this proposal and de	claration shall form the b	oasis of the	e contract between me/us an	d
Turks and Caicos First Insurance, and				
		- 1		
I/We agree that the insurance describ	ped above shall not be effe	ective unti	il Turks and Caicos First Ins	surance
has accepted the proposal and the first	st premium paid. Turks a	and Caicos	s First Insurance can automa	atically cancel
this insurance if all or part of the pre-	mium is not paid.			
DATE OF SIGNATURE OF PROPOS	SAL			
PROPOSER'S SIGNATURE				

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