

Your Private Vehicle Proposal Form

CONTACT DETAILS

(we will not pass these details to any third party)

Name of Proposer
 Address
 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 ever been written off or salvaged from any other Country?

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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 licence held
 % time of use

DO YOU OR ANY OTHER PERSON DRIVING THIS VEHICLE:

If "yes" to any of the questions, please give details

Suffer from any physical infirmity?
 Suffer from defective vision or hearing?
 Been convicted or being prosecuted for a motoring offence?
 Held a previous motor insurance policy?
 Had special conditions imposed by an Insurance company?
 Had an insurance proposal declined?
 Been refused renewal or had a policy cancelled?
 Had any motor accidents, losses or claims in last three years?

yes / no	
yes / no	
yes / no	
yes / no	
yes / no	
yes / no	
yes / no	
yes / no	

WILL THE VEHICLE PRINCIPALLY BE USED FOR:

Social, Domestic and Pleasure Purposes?
 Business Purposes?
 The carriage of goods in connection with your business?
 The carriage of goods for reward?
 The carriage of passengers for reward?
 Description of goods (if applicable)
 How many other vehicles are used/ owned by your family?

yes / no
yes / no
yes / no
yes / no
yes / no

MORTGAGEE INTEREST

if yes, with

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INSURANCE

Are you entitled to a no claims bonus?

Name of present Insurer

Which of the following sections do you require?

1(a) - Liability to Persons	Yes
1(a) - Liability to Property	Yes
2 - Fire and Theft	Yes/No
3 - Own Damage	Yes/No
4 - Windscreen	Yes/No
5 - Hurricane	Yes/No
Emergency medical expenses	Yes

<i>Limit or value (US\$)</i>	<i>excess</i>
500,000	zero
100,000	zero
100	zero

Would you like to purchase:

Alternative Transportation (Comp.)
Uninsured Motorist (Comp.)
Accident Forgiveness (Comp.)
Windscreen (Third Party)

Yes/No
Yes/No
Yes/No
Yes/No

PERIOD OF INSURANCE

FROM:

TO:

Both days inclusive

DECLARATION

I/We wish to effect an insurance with Turks and Caicos First Insurance, on the terms, conditions and exclusions of the Policy to be issued by the Company. **I/We** warrant that the statements and particulars given by me/us in this proposal are to the best of my/our knowledge and belief, true and complete and no material fact has been misrepresented mis-stated suppressed or withheld and that the motor vehicle is in good condition and repair.

I/We agree that this proposal and declaration shall form the basis of the contract between me/us and Turks and Caicos First Insurance, and shall be deemed as incorporated in the Policy to be issued.

I/We agree that the insurance described above shall not be effective until Turks and Caicos First Insurance has accepted the proposal and the first premium paid. Turks and Caicos First Insurance can automatically cancel this insurance if all or part of the premium is not paid.

DATE OF SIGNATURE OF PROPOSAL

PROPOSER'S SIGNATURE
