



MOTOR INSURANCE APPLICATION FORM

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

Section 1 – Proposer Details

1. Name & Address of Proposer(s) if more than one Insured			
Mr./Mrs./Miss		Mr./Mrs./Miss	
Relationship to applicant		Relationship to Applicant	
Name of Employer		Name of Employer	
Postal Address		Postal Address	
Residential Address		Residential Address	
Type of Business		Type of Business	
Occupation		Occupation	
Telephone #		Telephone #	
E-mail Address		E-mail Address	
Date of Birth		Date of Birth	

The questions below are applicable to companies which are named insured's only.

Company Name _____

Business Address _____ Company Registration No _____

Postal Address _____ Registration Date _____

Nature of Business _____

List of Directors

Name	Job Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Section 2 – Vehicle Details

Make _____ Model _____ Year of Manufacture _____ Value _____

Colour _____ CC/HP _____ Date Purchased _____ Registration No _____ Seats _____

Engine No _____ Chassis/VIN No _____

5. Has this vehicle ever been a total loss or involved in any accident? _____ (if yes, give details)

6. What is the intended vehicle usage? _____

7. Will this vehicle be used to tutor any person(s) learning to drive _____

8. Transmission Type: Automatic Standard

9. State whether vehicle is (a) Reconditioned Import (b) Local Dealer

(C) R/H Drive (d) L/H Drive

10. Has the motor vehicle been modified or converted in any way or fitted with oversized tires or a high Performance engine or equipment or do you intend to modify or convert it in any way? _____ (if yes, give details) _____

11. Will the vehicle be stored in a garage? _____ Give address where kept _____

12. Do you require the following included in your value? _____ (Stereo Equipment & Mag Rims) _____

13. Is the vehicle subject to a mortgage agreement? _____ if yes, please state the name of Finance Company _____

14. Is your motor vehicle fitted with an anti-theft devise? If yes, name of devise _____

Section 3 – Applicant's / Drivers Details

14. Are you the owner of the vehicle? _____ if No, please state the owner's name _____

15. Is the vehicle registered in your name? _____ if no, please state the registered owner _____

16. Who will be the main driver of the vehicle? _____

17. Do you hold a valid license, endorsed to operate this class of vehicle? _____

18. How long have you been a regular licensed driver? _____ License No. _____

Date of Issue _____ Expiry Date _____ Class of License _____

19. Are you a permanent resident in St. Lucia? If No, who will be driving the vehicle in your absence _____

20. Will this vehicle be driven solely by you or any authorized driver with at least 2 years experience who is 25 years of age or older? _____ if No, provide details of drivers

21. **Driver 1** The Applicant Yes No

Driver 2		Driver 3	
Name		Name	
Job / Trade		Job / Trade	
License No.		License No.	
Issue Date		Issue Date	
Expiry Date		Expiry Date	
Date of Birth		Date of Birth	

22. If any driver has had a motor vehicle accident within the last 3 years, please give details below

23. Do you or any person(s) who will drive the vehicle suffer from defective vision or hearing, disease or Physical infirmity? _____ if yes, provide details _____

24. Have you or any other person(s) who will drive been charged and/or convicted of any motor vehicle related or other offense? _____ if yes, provide details _____

25. Do you have any children under the age of 25 years _____ If yes, please state whether they will be driving the motor vehicle _____

Section 4 - Past and Current Insurance details

25. Are you now or have you ever insured a motor vehicle in your Name? _____ if yes, provide name of company _____

26. Do you have any other insurance with Nagico? If yes, please give details _____

27. Do you own any of the following property? Home Contents Business

28. Are you entitled to any No Claim Discount? ____ If yes, state amount and attach original proof ____

29. Has any company ever declined your application for motor insurance? _____

30. Has any company ever increased your premiums or imposed special conditions on your policy? ____

31. Has any company ever cancelled or refused to renew your existing motor insurance policy? _____

32. Give full details of all accidents and losses whether resulting in a claim or not and whether at fault or not during the past 3 years in connection with all vehicles owned or driven by you and all additional drivers' _____

SECTION 5 – Type of Insurance required

Note: Our Comprehensive package includes Special Perils, Personal Accident and Windscreen coverage up to Limit of EC\$2,500.00

Period of Insurance: From: _____ To: _____

Fully Comprehensive Third Party Fire & Theft Third Party Only

Optional coverage

Temporary vehicle replacement No of Days – (maximum 7)

Coverage for employees as passengers No of Employees

Increase Windscreen Limit State amount ----- (Max \$5000)

Increase Statutory Limit State amount -----

Section 6 - Declarations

I/We desire to insure with the Company in respect of this Motor Vehicle described in the above Proposal. I/We warrant that the above statements are true and complete and that nothing materially affecting the risk has been concealed by me/us. And I/we agree that this proposal shall be incorporated in and form the basis of the insurance contract between me/us and the Company, and I/we agree to accept a Policy in the Company’s usual form for this class of insurance. I/we undertake that the Motor Vehicle or Motor Vehicles to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle insurance or continuance thereof.

Main Applicant Signature: _____ Date: _____

Additional Applicant Signature: _____ Date: _____

Signing this form does not bind the applicant or the company to complete the insurance.