

LLOYD'S OF LONDON

Automobile Physical Damage Insurance Private Passenger Cars

PROPOSAL FORM

FOR INSURANCE TO BE ACCEPTED EVERY QUESTION MUST BE FULLY ANSWERED.

DO NOT SIGN THIS APPLICATION UNLESS YOU FULLY UNDERSTAND THAT SHOULD COVER BE GRANTED IT WILL ONLY APPLY TO THE DRIVER OR DRIVERS NAMED IN 1] AND 2] BELOW OR ON A SCHEDULE ATTACHED TO THIS APPLICATION. THE PROCEDURE TO BE FOLLOWED SHOULD YOU WISH TO COVER ANY OTHER DRIVERS AT A LATER DATE IS SET OUT IN THE NAMED DRIVER WARRANTY.

1] Name of Applicant: _____

Address: _____

Age : _____

Marital Status: _____

Occupation: _____

How long licensed: _____

2] Names of other drivers:

1] Name : _____

Address: _____

Age: _____

Marital Status: _____

Occupation: _____

How long licensed: _____

2] Name: _____

Address: _____

Age: _____

Marital Status: _____

Occupation: _____

How long licensed: _____

3] Give full details of any traffic violations you have been charged with in the past 3 years.

Applicant _____

Other drivers:

1] _____

2] _____

4] Give full details of losses sustained during past 3 years.

Applicant: _____

Other drivers:

1] _____

2] _____

5] Do you:

a] Drink to excess? YES/NO

b] Use narcotics? YES/NO

c] Engage in automobile racing of any kind? YES/NO

d] Engage in rallies? YES/NO

6] Has your insurance ever been declined or cancelled? YES/NO

If so, state Insurance Company and reason:

7] Is the Applicant an assigned risk? YES/NO

8] Does the driver, or any other person, likely to drive the car suffer from any physical impairment? YES/NO

If so, give details: _____

9] Description of vehicle:

	Make	Model	Engine Size	Year Type	Body #	ID #	Engine
Item 1							
2							

	Original Cost New	Actual Cash Value	State Name and Address of Lienholder or Mortgagor, if any
Item 1			
2			

COMPREHENSIVE COLLISION

10] Deductible required Item 1

Minimum deductible
US\$500 or 5% of Actual Cash Value Item 2

11] Has the vehicle been converted, adapted or modified in any way? YES/NO

If so, please give details _____

12] Will the vehicle be used in connection with your business/occupation other than to and from your place of work? YES/NO

If so, please give details including total mileage in the past 12 months: _____

13] Is the insured vehicle(s) normally kept overnight:

a] in a garage for the Applicant's sole use? YES/NO

or

b] in a garage shared with others? YES/NO

If the answer to a] or b] above is YES,

i] is the garage alarmed? YES/NO

ii] if not alarmed how is it secured or protected?

or

c] off the public road but not in a garage? YES/NO

If Yes, please provide details: _____

d] None of the above.

If so, where is the insured vehicle normally parked overnight?

Provide details: _____

e] Is the insured vehicle(s) alarmed? YES/NO

If Yes, please provide details i.e. manufacturer and specification of the alarm:

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said insurance and in accordance with the terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the insurance.

DATE: _____

SIGNATURE OF APPLICANT: _____

Our standard policy does not cover special or custom equipment and accessories that were not factory fitted by the manufacturer of the vehicle insured, nor special or custom paintwork that was not as originally manufactured.

If cover for such items is required, you must complete the following section.

Special and custom equipment shall include:-

	ORIGINAL COST NEW
a] Tyres wider than the original factory fitted tyres and racing tyres	\$ _____
b] Magnesium, alloy or chrome wheels	\$ _____
c] Custom paintwork, body-mouldings and windows	\$ _____
d] Stereo radio or tape decks, television equipment and accessories used for sound reproduction	\$ _____
e] C.B. Radio or any other device used for receiving or transmitting a radio signal	\$ _____
f] Other such equipment	\$ _____

Please provide details: _____

Cover will not be provided unless the above items and amounts are supported by bills of sale and an annual premium of 15% of the original cost new has been paid.

DATE: _____

SIGNATURE OF APPLICANT: _____