



Cabrits Agencies
Grandby Street, Portsmouth, Commonwealth of Dominica
Tel: 1 767 445 4291 Fax: 1 767 445 3119
Email: cabritsagencies@cwdom.dm

COMMERCIAL MOTOR VEHICLE PROPOSAL FORM

ALL QUESTIONS MUST BE ANSWERED

THE PROPOSER: (if proposer is a Company, Complete questions as applicable)

NAME IN FULL: _____
 (Mr., Ms, Miss, Mrs.)
 POSTAL ADDRESS (1): _____
 BUSINESS ADDRESS (2): _____
 Postal Code (if any) (1) _____ (2) _____ SS#: _____
 DATE & PLACE OF BIRTH: _____
 NATIONALITY: _____ e-mail address: _____
 TELEPHONE No(s): home _____ business _____ cell _____
 (Provider and Number)

CONTACT PERSON: Name, Address, Tel. No(s): _____

EMPLOYMENT: (if proposer is a Company, answer questions as relevant)

OCCUPATION / TRADE / PROFESSION: _____
 EMPLOYER'S BUSINESS: _____
 EMPLOYER'S NAME and ADDRESS: _____
 Address at which Employed (if different) _____
 EMPLOYER'S TELEPHONE No(s) _____ FAX _____
 If self employed, state nature of your self employment _____

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THE VEHICLE (if 2 or more vehicles, attach schedule)

Chassis No.		V.I.N. (if different)	
Engine No.		Registration No.	
Make		Model	
Year manufactured		Horse Power	
LHD / RHD		Seating capacity	
Carrying capacity – Laden weight		Estimate of Value (excl. accessories)	
Type of Body, (if truck describe type)			

PERIOD OF INSURANCE FROM _____ **TO** _____

COVER REQUIRED: a) Comprehensive _____ b) Third Party Fire & Theft _____ c) Third Party Only _____

OWNERSHIP: Is vehicle registered in your name? _____ if not, give name and address of registered owner _____
 _____ Give name of Finance Company (Mortgagee), if any _____

USE

1. Will the vehicle be used for:
 - a) Social, domestic and pleasure purposes in addition to the purpose(s) stated below? _____
 - b) The carriage of (your) Own Goods - Private Commercial? _____
 - c) The carriage of Goods for Hire or Reward – Public Commercial? _____
 - d) State type of goods carried, if applicable _____
 - e) The carriage of passengers for payment – Taxi / Bus? If yes give details _____
 - f) Any other purpose? Give details _____

GENERAL

2. a) Is the vehicle roadworthy and in good condition? _____ b) Has the vehicle been modified to carry a heavier load than specified, or in any other way? _____ If so give details _____
3. a) Where is vehicle usually kept overnight? _____
 b) Is there any anti-theft device attached? _____ If so, give details _____
4. Will anyone to your knowledge be using the vehicle to learn to drive? _____
5. Do you have or have you had any motor insurance in the past 5 years? _____ If so, state name of Company(ies). _____

6. Has any Company refused to renew, cancelled your policy, declined your proposal, or imposed special terms or conditions? _____

If yes, give details _____

DRIVERS

Give particulars of regular drivers:

NAME	Relationship to Proposer	OCCUPATION	Date of Birth	Date licence First Issued	Full Licence: NUMBER	TYPE

7. a) Who will be the main driver of the vehicle? _____

b) Will the drivers of the motor vehicle(s) be restricted solely to the drivers named above? _____

If the response to questions 8 a) to c) below is yes, please give details in the space provided.

8. a) Has any intended driver held a full licence for less than 24 months? _____ if so, state period held _____ months.

b) Does any regular driver suffer from defective vision, hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity? _____

c) To the best of your knowledge in the past 36 months has any driver named above i) been fined, _____ ii) had their licence endorsed / revoked, _____ iii) been prosecuted for a motoring offence? _____

QUES. #	NAME	DETAILS
8		
8		
8		

CLAIMS HISTORY:

9. What accidents or losses have occurred during the past 36 months, by you or any other person who will regularly drive the vehicle?

Year	No.	NAME of DRIVER and BRIEF DETAILS

INCREASED BENEFITS

10. Do you require : i) Special windscreen/glass cover? If so, to what limit?; _____

ii) Passenger Liability and Negligence? _____

11. TRAILERS (Attaching to Goods Carrying vehicles only)

COVER REQUIRED: a) Comprehensive _____ b) Third Party Only _____

a) Specified Trailers – Enter particulars below:

Trailer / Chassis No.	Description (Make and Type)	Estimated Value

b) Unspecified Trailers: Advise a) Maximum number of trailers in use at any one time _____ b) Highest value of trailers which will be attached at any one time. _____

DISCOUNTS

12 a) Do you have an HOC policy with JIIC? _____ b) Do you have another vehicle or vehicles insured with JIIC? _____

c) Are you earning a **No Claim Discount**? _____ (if so, please provide a claims experience letter).

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13. If your Vehicle and/or Trailer is a 'SPECIAL TYPE' – ask your Customer Service representative for details of coverages.

The policy is voidable if the proposer makes any false statement or withholds any material information.

I declare that to my knowledge and belief the particulars given in this proposal, whether by me or on my behalf are true and complete, that I have not withheld any material information. I agree that this proposal and declaration shall be the basis of the contract between me and JIIC whose policy terms and conditions I accept.

I hereby authorise the Commissioner of Police or his representatives or the Manager of the Inland Revenue Division or his representatives to release any and all information that may be required by JIIC pertaining to me, my authorised driver or the vehicle(s) declared in this Proposal Form or in the Policy document which together constitute the contract.

Date _____

Proposer's Signature _____

Broker /Agent

Liability does not commence until an official cover note or certificate has been issued.