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PROPOSAL FOR MOTOR INSURANCE

(Please complete this Form using BLOCK LETTERS)

Private

Commercial

1. First Name: Mr/Mrs/Miss _____ Maiden Name: _____
Surname: _____ Date of Birth: _____
Company/Business Name: _____

2. Phone Nos: Home: _____ Work: _____ Mobile: _____
3. Driver's Permit No: _____ Class: _____ Issue Date: _____
Expiry Date: _____
4. (a) Occupation/Business of Proposer: _____
Employer's Name and Address: _____

(b) Occupation of Spouse: _____
Employer's Name and Address: _____

5. Number and Age of children residing with you: _____
6. (a) Mailing Address: _____
(b) Email Address: _____
(c) Home Address (if different from (a) above): _____

7. Risk Date: From: _____ To: _____ (Year/Month/Day)
8. Cover required: **Comprehensive ()** **Third Party ()**
9. Do you require Windscreen cover? **Yes () No ()**
Limit: \$ _____
10. Name and address of any Financial Interest: _____

11. Do you require cover for Hurricane/ Earthquake/Flood/Riot & Strike? **Yes () No ()**

12. Particulars of Vehicle(s) to be insured:

	Vehicle (1)	Vehicle (2)
Registered Letters and Numbers		
Make and Year of Manufacture		
Horse Power or Cubic Capacity		
Type of Body		
Left/Right Hand		
Is Vehicle Foreign Used/Roll on Roll off		
Chassis Number		
Engine Number		
Date of Purchase and Price Paid (including. Taxes)		
*Price paid for Maxi Taxi Rights (NOT to be included in the sum to be insured)		
*If a PASSENGER VEHICLE , please state seating capacity (including driver)		
*If a GOODS VEHICLE , please state: (a)Maximum carrying capacity and (b) Value and carrying capacity of any trailers		
Sum to be Insured		

***FOR COMMERCIAL VEHICLES ONLY**

13. Please provide details on the following Accessories (the value of which must be included in the Sum to be Insured in question 12 above)

ITEM	DESCRIPTION	MAKE	SERIAL NO.	VALUE
Mag Rims				
Electronics				
Other				

14. Is the vehicle fitted with Anti-Theft device? Yes () No ()

If **Yes**, please give particulars: _____

15. Is the vehicle kept in a locked garage? Yes () No ()

If **No**, please give particulars: _____

16. Is the Proposer entitled to a No Claim Discount from previous insurers for any of the vehicle(s) included? Yes () No ()

If **Yes**, please provide proof. _____

17. Is the Proposer currently insured or have you previously insured any vehicle? Yes () No ()

If **Yes**, state name and address of Insurance Company: _____

18. Has any Company or Underwriter at any time:
- (a) Declined a Motor Proposal from the Proposer? Yes () No ()
 - (b) Required an increase premium or imposed special condition? Yes () No ()
 - (c) Cancelled or refused to renew an existing Motor Policy held by the Proposer? Yes () No ()

If **Yes** to any of the above, please give particulars: _____

19. Please give the particulars of any person(s) who will drive the vehicle regularly:

Note that unless specified below, the policy will **NOT** cover:

- (a) In the case of Private and/or Own Goods Motor Insurance drivers who are under the age of 25 years old and/or who have been driving for less than 2 years and
- (b) In the case of Commercial Motor Insurance for Hire or Reward drivers who are under the age of 30 years old and/or who have been driving for less than 5 years.

NAME	DATE OF BIRTH	SEX	DRIVER'S PERMIT NUMBER	DATE OF ISSUE	CLASS	OCCUPATION	RELATIONSHIP TO PROPOSER

20. Has this vehicle or any other vehicle driven by you or any of the proposed drivers suffered any loss, damage or liability (insured or not) in the past 36 months? Yes () No ()

If **Yes**, please give particulars of any Accidents or Losses (whether resulting in a claim or not) during the past 5 years.

YEAR	NO. OF VEHICLE(S) OWNED BY PROPOSER	NO. OF ACCIDENTS AND LOSSES	DRIVER	BRIEF DETAILS OF ACCIDENTS OR LOSSES AND COSTS

21. Has the Proposer or any other proposed driver listed in (19) above:
- (a) Suffered from defective vision or hearing or from any disease or physical infirmity? Yes () No ()
 - (b) Been prosecuted for any traffic offences in the past 5 years? Yes () No ()
 - (c) Been refused insurance, had special conditions imposed regarding insurance or had previous coverage terminated? Yes () No ()

22. Is/are the vehicle(s):
- (a) Owned by the Proposer? Yes () No ()
 - (b) Registered in the Proposer's name? Yes () No ()
 - (c) Modified or converted from maker's standard specifications or is it intended to do so? Yes () No ()

If **Yes** to any of the above, please give particulars: _____

23. Please tick if the vehicle(s) is/are to be used as follows:
- (a) Carriage of owned goods only (List the nature of the goods below) ()
 - (b) Carriage of passengers **NOT** for hire or reward (enter number of passengers below) ()
 - (c) Carriage of passengers for hire or reward (enter number of passengers below) ()
 - (d) Motor Trade ()
 - (e) Social, Domestic or Pleasure Purposes ()
 - (f) Hauling no more than one trailer ()
 - (g) Other uses, Please state: _____ ()

Note: The Limitations as indicated by you above will be stated on the Policy Document.

24. If the vehicle is not licensed for hire, does the proposer warrant that it will not be used at any time for carriage of passengers for hire or reward?

Yes () No ()

IMPORTANT NOTE: The questions on this Proposal generally supply sufficient information for us to assess the risk. However, there may be some special feature(s) concerning you or your vehicle(s), its location or use that is not covered by these questions but which might nevertheless affect our judgment. If you can think of anything which might influence the likelihood or severity of a loss, please give full details below. If you are in any doubt whether a fact may affect our judgment you should tell us as failure to do so may invalidate the insurance.

EXCESS TO WHICH THE POLICY IS SUBJECT

	EXCESS AMOUNT
(a) The Proposer or Spouse (over 25 years of age and Driving for more than 2 years) *(over 30 years of age and Driving for more than 5 years)	\$ _____ \$ _____
(b) Named or Unnamed Drivers other than the Proposer and Spouse (over 25 years of age and driving for more than 2 years) *(over 30 years of age and Driving for more than 5 years)	\$ _____ \$ _____
(c) Named Drivers under 25 years of age and driving for less than 2 years *Named drivers under 30 years of age and Driving for less than 5 years	\$ _____ \$ _____
(d) Theft	\$ _____
(e) Any other Loss	\$ _____
PREMIUM	\$ _____
Plus Tax	\$ _____
TOTAL PREMIUM	<u>\$ _____</u>

How did you hear about us? Television Radio
 Newspaper/Magazine Referral by friend/family
 Google Search Car website
 Billboard Other. Please specify

I/We declare that all the above answers are true and that I/We have not withheld any material information regarding this proposal and that this declaration and proposal shall form the basis of the contract between me/us and **THE BEACON INSURANCE COMPANY LIMITED**. I/We further agree that if the particulars and information stated above are no longer correct the Company shall be notified immediately. I/We also agree to accept and abide by the terms and conditions of the Policy to be issued.

Proposer's Signature/Company Stamp: _____

Date: _____

Examined By:

Date: