



THE HAND IN HAND MUTUAL FIRE INSURANCE COMPANY LTD. PROPOSAL FOR MOTOR INSURANCE FOR HIRE VEHICLES

1) PARTICULARS OF APPLICANT (S)

- (a) Name of Applicant(s).....
 (b) Date of Birth.....
 (c) ID/Passport # Date of Issue:.....
 (d) Home Address
 (e) Business Address.....
 (f) TelephoneNumbers (Home) Business
 (g) Business or Profession Email Address.....

2) PARTICULARS OF VEHICLE TO BE INSURED

- (a) Registration No (b) Vehicle Make and Exact Model
 (c) Engine No (d) Type of Body.....
 (e) Chassis No (f) CC Rating or Hp Rating
 (g) Seating Capacity..... (h) Right Hand or Left Hand Drive
 (i) Additional persons carried other than registered seats MUST BE APPROVED)
 (j) Date of Purchase (k) Price paid
 (l) Present Value
 (m) Was the vehicle bought:- New Second Hand Reconditioned
 (n) Year of Manufacture
 (o) Is the vehicle subject to any hire purchase or financing agreement? YES NO
 (p) Is there any assignment? YES NO
 If yes, give details

3) COVERAGE REQUIRED (Tick the appropriate box)

- a) Comprehensive Full Value Sum Insured..... Excess
 b) Comprehensive First Loss-Part of Full Value Sum Insured Excess Full Value
 c) Third Party Fire & Theft Sum Insured..... Excess.....
 d) Third Party Coverage

TICK THE APPROPRIATE BOX BELOW FOR THIRD PARTY LIMITS OF LIABILITY TO BE ATTACHED TO THE ABOVE COVERAGE

SCHEDULE OF LIMITS OF LIABILITY

<u>HIRE VEHICLES</u>			<u>THIRD PARTY LIABILITY</u>		<u>PASSENGER LIABILITY</u>	
			BODILY INJURY	PROPERTY DAMAGE	BODILY INJURY	PROPERTY DAMAGE
<input type="checkbox"/>	Third Party Act	Any one claim	25,000	20,000	25,000	20,000
		Any one Event	125,000	100,000	125,000	100,000
<input type="checkbox"/>	Third Party A-Limits	Any one claim	250,000	250,000	250,000	20,000
		Any one Event	500,000	500,000	500,000	100,000
<input type="checkbox"/>	Third Party A-Limits 2	Any one claim	150,000	150,000	150,000	20,000
		Any one Event	250,000	250,000	250,000	100,000
<input type="checkbox"/>	Other	Any one claim	[]	[]	[]	[]
	Any one Event	[]	[]	[]	[]

4) If you now hold or have held insurance for a motor vehicle, please give:-

(a) Expiry Date (b) Name of Insurer

5) Do you have any other type of insurance with this Company? Please give details

6) Where is the vehicle normally garaged?

7) What security devices are fitted to the vehicle?

8) Will the vehicle be used for :-

(a) Social, domestic and pleasure purposes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(b) Your own personal business use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(c) Carriage of passengers for hire or reward?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(d) Motor Trade purposes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(e) Commercial Travelling, carriage of goods for hire or reward	<input type="checkbox"/> YES	<input type="checkbox"/> NO

9) To whom do you require driving to be limited?

Yourself only	<input type="checkbox"/>
Yourself and one other driver	<input type="checkbox"/>
Yourself and two other drivers	<input type="checkbox"/>
Any licenced driver	<input type="checkbox"/>

Please give details of all person(s) who will or may drive including yourself:-

Full Name	Occupation	Date of Birth	Licence No., Date of Issue & Date of Expiry	Licenced to Drive

10) Have you or any other who will or may drive the vehicle:-

	YES / NO
a) been involved in a motor accident or claim in the last three years?	<input type="checkbox"/> <input type="checkbox"/>
b) been convicted of any offence (s) e.g. fraud, dishonesty, theft or arson?	<input type="checkbox"/> <input type="checkbox"/>
c) ever suffered/suffering from physical or mental infirmity e.g. diabetes, fits or heart complaint?	<input type="checkbox"/> <input type="checkbox"/>
d) ever been quoted an increased premium or special terms imposed or refused insurance?	<input type="checkbox"/> <input type="checkbox"/>

If yes to any of the above, give full details:-

FOR OFFICE USE ONLY

Policy No.	Basic Premium
Customer #	Extension Premium
Inception Date	Discounts
M.O.P.....	Net Annual Premium
Producer	Mode Premium

IMPORTANT:- Please read and check your answers carefully before signing. The questions we ask here and any other we specifically ask you, all relate to facts considered material to our assessment of the proposal. If any false or misleading answer is given or information withheld all benefit under the policy may be lost. If you are in doubt as to whether any information is material to the insurance, you should disclose it. No insurance is in force until the proposal has been accepted by the company and the premium or a deposit paid except as provided by an official Cover Note issued by the Company.

DECLARATION:- I/We desire to effect insurance for the chosen class on the warranty that the above statements or this Proposal be the basis of the contract between me/us and the Company and if anyone else complete this application form on my behalf they will be deemed to be my agent and not agent of the Company.

Signature of Proposer _____ Date _____

Completed By: _____