



**THE HAND IN HAND MUTUAL FIRE INSURANCE COMPANY LTD.
PROPOSAL FOR MOTOR INSURANCE FOR
PRIVATE / COMMERCIAL 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) Telephone Numbers Home.....Moblie..... Business.....
- (g) Business or Profession.....Email Address.....

2) PARTICULARS OF VEHICLE TO BE INSURED

- (a) Registration No (b) Vehicle Make and 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.....
- (q) Is the vehicle insured duty free Yes No

3) COVERAGE REQUIRED

(Tick & Sign the appropriate box)

- A. Comprehensive Full Value
- B. Comprehensive Subject to Average
- C. Comprehensive First Loss
- D. Third Party Fire & Theft
- E. Third Party Coverage

	SUM INSURED	COMPULSORY EXCESS	INSURED SIGNATURE
A.			
B.			
C.			
D.			
E.	Not Applicable	Not Applicable	

SCHEDULE OF LIMITS OF LIABILITY

PRIVATE / COMMERCIAL			THIRD PARTY LIABILITY		PASSENGER LIABILITY	
			BODILY INJURY	PROPERTY DAMAGE	BODILY INJURY	PROPERTY DAMAGE
<input type="checkbox"/>	Third Party Act	Any one claim Any one event	25,000 125,000	20,000 100,000	Nil Nil	Nil Nil
<input type="checkbox"/>	Third Party A-Limits 2	Any one claim Any one event	150,000 250,000	150,000 250,000	150,000 250,000	20,000 100,000
<input type="checkbox"/>	Third Party A-Limits	Any one claim Any one event	250,000 500,000	250,000 500,000	250,000 500,000	20,000 100,000
<input type="checkbox"/>	Third Party B-Limits 2	Any one claim Any one event	275,000 600,000	275,000 600,000	275,000 600,000	20,000 100,000
<input type="checkbox"/>	Third Party B-Limits	Any one claim Any one event	300,000 1,000,000	300,000 1,000,000	300,000 750,000	20,000 100,000
<input type="checkbox"/>	Other	Any one claim Any one event	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

4) If you hold or have held insurance for a motor vehicle, please state:- YES NO
 (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? Please specifically state.....

7) What security devices are fitted to the vehicle?.....

8) Will the vehicle be used for:- (a) Social, domestic and pleasure purposes? YES NO
 (b) Your own personal business use? YES NO
 (c) Carriage of passengers for hire or reward? YES NO
 (d) Motor Trade purposes? YES NO
 (e) Commercial Travelling, carriage of goods for hire or reward YES NO
 (f) Other..... YES NO

9) To whom do you require driving to be limited?
 Yourself only
 Yourself and one other driver
 Yourself and two other drivers
 Any licenced driver

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	Class of Vehicle 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 No. Extension Premium.....
 Inception Date..... Discounts.....
 M.O.P Net Annual Premium.....
 Producer..... Mode Premium.....

IMPORTANT: - Please read and check your answers before signing. Please note that any false or misleading answer(s) provided or material information withheld, will cause all benefits under the policy to be lost. If you are in doubt as to whether any information is material to the insurance coverage, 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, in addition to all other terms or conditions set out herein or in any other document in relation to the proposed coverage.

DECLARATION: - I/We desire to effect insurance of 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 on which the company places reliance when issuing the policy. I agree that if anyone else completes this application form on my behalf they will be deemed to be my agent and not the agent of the company.

I/We agree that in the event the vehicle is not produced for inspection, any policy issued based on this proposal will be deemed to have been issued for a provisional period of 24 hours only. Failure to produce the vehicle for inspection within the 24 hours period aforesaid will render the policy void, save and except if otherwise agreed, as follows: Date for inspection.....

It is further agreed and understood that any inspection carried out by the company is specifically done for the company's own purposes and the company, by conducting such inspection, does not claim any knowledge, agree on any value, or waive any rights as regards the proposer's duty to disclose all material facts relating to the risk to be undertaken by the insurance company, and that the proposer remains bound by the law and the principle of Utmost Good Faith as it applies to their duty of disclosure at the time of proposal and at the initial stage or during the life of the policy.

It is further understood and agreed that should the company be bound by the Laws of Guyana or by an Order of the Court to disclose information in relation to this proposal or the policy arising therefrom to any third party, liability is accordingly waived for any such disclosure.

Signature of Proposer _____ Date _____

Completed By: _____