



# People's Insurance Co. Ltd. (PIC)

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P. O. Box 2149  
St. John's, Antigua  
Antigua & Barbuda

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**Web Site:**

## Commercial Motor Vehicle Insurance Proposal

### 1. Name of Proposer

Profession /Occupation

Address

Name

Business Occupation

Date Of Birth

 (dd-mmm-yyyy)

Work Phone

Sex

Female  Male

Alternate Phone

Do you suffer from any Physical infirmity, defective vision, or hearing?

Fax No

E-mail

License Issue Date

### 2. Vehicle ID

Seating Capacity (include Driver)

Registration No

Date Of Purchase

 (dd-mmm-yyyy)

Make

Price Paid by Insured

Model

Insured's Estimate of Present Value including accessories & spare parts

Type Of Body

Engine No

CC

Chassis No

Year of Manufacture

### 3. Indicate category of commercial insurance required.

G/ Cartage  O/ Cartage  Bus  
 M/ Cycle  Rental  Taxi

Indicate type of coverage required.

Comprehensive  
 Third Party Only

4a. Was the vehicle bought new, second hand, or reconditioned?  New  2nd Hand  Recon.

Is any vehicle alterations contemplated? If so give details

4b. Has the engine or body been modified from the manufacturer's standard specifications?  Yes  No

4c. Is the vehicle in good state of repair?  Yes  No

5a. Will the vehicle be used for social, domestic, and pleasure purposes?  Yes  No

5e. For commercial travelling connecting with your trade or profession?  Yes  No

5b. Solely by you in person for your profession or business?  Yes  No

5f. In connection with motor trade/ hire/ reward?  Yes  No

5c. On your business by your employees or other persons?  Yes  No

5d. For the carriage of goods, samples in connection with your trade or profession?  Yes  No

6a. Are you the owner of the vehicle described above?  Yes  No

6c. Is the vehicle subject to a hire purchase agreement?  Yes  No

Is it registered in your name?  Yes  No

6b. If not, give the name and address of the owner in whose name the vehicle is registered.

6d. If so, give name and address of Bank or Finance Company

7a. Where do you normally keep the vehicle at night?

7c. What accessories are fitted to the vehicle? Give individual value of each.

7b. Is the vehicle fitted with any buglar prevention device?

8. Have you during the past thirty-six calender months been prosecuted or convicted of any offense in connection with motor vehicle or is any such prosecution pending? Give details.

9a. Are you now or have you been insured in respect of any Motor vehicle?  Yes  No

9c. Required you to carry the first part of any loss?  Yes  No

9c. If so, give name and address of company

9d. Required you to pay an increased premium?  Yes  No

9e. Refused renewal of policy?  Yes  No

9b. Has any insurance company decline your proposal?  Yes  No

9f. Cancelled your policy?  Yes  No

10. Give particulars of all accidents and losses during the past thirty-six calendar months in connection with any vehicle owned, used, or hired by you.

Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
No Of Vehicles Owned	<input type="text"/>	<input type="text"/>	<input type="text"/>
No Of Accidents	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Damage To Motor Vehicles Owned or Driven By Proposer</b>			
Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Paid	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Outstanding	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Third Party Claims</b>			
Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Paid P.D	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Paid B.I.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount O/S B.I	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amt. O/S P.D	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. If the vehicle to be insured is for commercial purposes, please answer the following supplementary questions:  
If used for the carriage of goods:

a. What is the general nature?

b. Will the vehicle be used to carry goods of hazardous nature? Specify

c. Has the vehicle been altered or modified to carry heavier load than the manufacturer's specifications?

d. Will a trailer or trailers attached be used to carry extra goods?

e. Will the vehicle be used for carriage of goods for hire or reward?

13. If used for carrying passengers:

a. Are the passengers carried for hire or reward?

b. Is the vehicle used as public transport?

14. Will the vehicle be driven solely by you? If not, state total number of employees/ others licensed to drive.

15. Total number of vehicles owned by you

16. Are you entitled to any no claim discount from your previous Insurers? (Attach last renewal notice)  Yes  No

17. Is the vehicle to be driven by any person other than the proposer/ If so, please give details.

Name				
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Licence Issue Date (dd-mmm-yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation/ Profession	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relation To Proposer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suffer from any Physical infirmity, defective vision or hearing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Licence	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is your licence valid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any insurance company decline your proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required you to carry the first part of any loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required you to pay increased premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refused renewal of policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancelled your policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. Give particulars of all accidents and losses during the past thirty-six calendar months in which additional driver(s) has (have) been involved.

Name				
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No Of Vehicles Owned	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No Of Accidents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Damage To Motor Vehicles Owned or Driven By Driver

Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Paid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Outstanding	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Third Party Claims</b>				
Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Paid P.D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Paid B.I.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount O/S B.I.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amt. O/S P.D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**19. Period of Insurance:**

From:  To:  (dd-mmm-yyyy)

**I/ We desire to insure with People's Insurance Co. Ltd. (PIC) the Motor Vehicle(s) described in the above proposal. I/ We hereby warrant that the above statements and particulars are true and I/ We have not suppressed, misrepresented, or concealed any information materially affecting the risk and I/We state that this proposal shall form part of the policy and shall be the basis of the Contract between me/ us and the Corporation.**

**I/ We further declare that I/ We have read and understood all particulars entered herein and agree to accept the policy of insurance in the Corporation's usual form subject to the following clauses and warrants.**

***I/ We further declare and agree that the motor vehicle(s) to be insured shall not be driven by any person who to my knowledge has been refused any motor vehicle insurance or continuation thereof.***

**FOR COMPREHENSIVE POLICY ONLY**

**I. Compulsory Excess of  in respect of each and every accident, fire, theft, and acts of God.**

And, if at the time of any accident:

- a) the person driving is under the age of 25 years
- b) holds a provisional licence or
- c) holds a licence but has been driving for less than two years

**2. Additional Excess of  in respect of each and every accident will apply besides the Cumpulsory Excess**

**3. Voluntary Excess (in addition to the above)  (where applicable)**

Dated this

**A G E N C Y**

**Signature of Proposer: .....**

**FOR OFFICE USE ONLY**

Gross Premium	<input type="text"/>
Less NCB	<input type="text"/>
AD&D	<input type="text"/>
Passenger Liability	<input type="text"/>

**Endorsement(s)**

**Warranty(ies)**

**Stamp Duty**

**Net Premium**