

AUTOMOBILE APPLICATION

Name: _____ Sex: _____ Age: _____ Marital Status: _____ Drivers Lic.# _____

Mailing Address: _____ Residence: _____

Employer: _____ Occupation: _____ Tel (H): _____ Tel(W): _____

Last Insurance Company or Agent: _____ How long have you been driving?: _____

Use of Automobile: (Please tick a box) Private & Pleasure Business of Applicant

IMPORTANT NOTE: Your insurance is severely restricted if drivers 25 years of age or under drive the vehicle and are not specifically named in this application form and named authorised drivers in the policy.

Other Regular Operator	Age	Sex	Marital Status	Occupation	# of Years Driving	Drivers Licence #

Has any operator during the past three years suffered from any condition, which would affect his/her ability to operate a motor vehicle? Yes() No(). If 'Yes', please explain: _____

Has any operator during the past three years been treated for alcoholism or for narcotic drugs? Yes() No()
If 'Yes', please explain: _____

Has any company cancelled or refused to renew your insurance or the insurance of any operator? Yes() No()
If 'Yes', please explain: _____

Has any company increased your premium or imposed special conditions or deductible? Yes() No()
If 'Yes', please explain: _____

Have you or any operator ever had a revocation or suspension of driver's licence? Yes() No()
If 'Yes', please explain: _____

Have you or any regular operator been involved in an accident in the past three years? Yes() No()
If 'Yes', please explain: _____

Name of Operator	Date of Accident	Type of Accident	Details of Accident	Amount of Claim	Name of Insurance Company or Agent

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DESCRIPTION OF VEHICLE(S)

Year: _____ Trade Name: _____ Body Type: _____ Licence Plate: _____

Chassis No.: _____ Date Purchased: _____ New() Used() Purchase Price: _____

Price when New in the BVI: _____ Effective Date of Policy: _____ (12.01 Standard Time)

COVER REQUIRED

Third Party Liability

Physical Damage (Own Car)

Loss Payee: _____ Premium to be Paid By: _____

COVERAGE AND LIMITS

	<u>Premium</u>
Bodily Injury: _____ Each Person _____ Each Occurrence	_____
Property Damage: _____ Each Occurrence	_____
Medical Payments: _____ Each Person	_____
Comprehensive Actual Cash Value: _____ Deductible	_____
Collision Actual Cash Value Less: _____ Deductible	_____
Other: _____	_____
TOTAL PREMIUM	_____

I HEREBY DECLARE THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE AND COMPLETE AND THAT I HAVE NOT WITHHELD ANY INFORMATION REQUIRED IN THIS APPLICATION. IF THE ABOVE IS INCORRECT, I AGREE AND UNDERSTAND THAT UNDERWRITERS RESERVE THE RIGHT TO AMEND THE QUOTED PREMIUM OR TO DECLARE NULL AND VOID OR TO CANCEL ANY INSURANCE WRITTEN.

Signature: _____

Date: _____