

PROPOSAL FOR COMMERCIAL VEHICLE INSURANCE

- CONTACT US FOR THE FOLLOWING RISKS**
- LIFE & ANNUITY
 - FIRE
 - MOTOR
 - MARINE & AVIATION
 - BURGLARY
 - CASH IN TRANSIT
 - PERSONAL ACCIDENT
 - CONTRACTOR'S ALL RISK
 - WORKMEN'S COMPENSATION
 - GOODS IN TRANSIT
 - VEHICLES
 - OIL & GAS
 - ETC

Item	Description	Amount	Period
1	Third Party Fire & Theft Cover	100,000,000	12 Months
2	Third Party Cover	100,000,000	12 Months
3	Goods in Transit	100,000,000	12 Months
4	Motor Vehicle	100,000,000	12 Months
5	Oil & Gas	100,000,000	12 Months

MOTOR INSURANCE COVERS AVAILABLE

The first party is the Insurance company,
The second party is the Insured (yourself)
The third party is the person(s) you may get
involved with in an accident

OPTIONAL BENEFITS (Subject to additional premium)

		COMPREHENSIVE COVER	
	THIRD PARTY FIRE & THEFT COVER	Damage to your Vehicle as a result of accident, collision or overturning of of vehicle	Legal liability to occupants/ Passengers
	Theft of your vehicle	Limited medical expenses	Additional medical expenses benefit
THIRD PARTY COVER ONLY	Fire damage to your vehicle	Theft of your vehicle	Increase in third party Property Damage Limits
Legal Liability for bodily injury, death or damage of third party property	Legal liability for bodily injury, death or damage of third party property	Legal liability for bodily injury, death or damage of third party property	Accessories
			Strike, Riot & Civil Commotion

A copy of the policy document containing the full terms, exceptions and conditions can be made available to you on request.

Please note that in certain circumstance, you may be required to bear the first part of the cost of any claim in respect of loss or damage to your vehicle.

Personal Information (To be completed by individual client)

Name
 Surname
 First name Last name
 Title: Mr/Mrs/Chief/Dr/Others..... (Please indicate)

Corporate Information (To be completed by individual client)

Company Name:

Contact Person:

Full Postal / Contact Address

(to which all correspondence to be sent)

Phone Number (s)
 For land line, please
 Indicate dialing code

GSM Number

Fax Number
 (if available)

E-mail address

Business
 (Please give full details)

Anniversary Date Day Month

We can send alerts to you for renewal of your policy(ies). Please confirm how you would prefer to receive your alert
 E-mail: SMS both

Please note that you do not have to complete this form if you have done so or if your address has not changed within the last renewal.

Proposal No: _____ Policy No: _____

2. Particulars of all Vehicle to be insured

Make of each Vehicle	Index Mark & Registration No	Type of Body	CC	Maximum Carrying Capacity of Vehicle (i.e. Weight of load or Seating Capacity including Driver)	Year of Manufacture	Date of Purchase	Price Paid by Proposer	Proposer's Estimate of Present Value (including Accessories Thereon)
(1)								
(2)								
(3)								
(4)								
State Engine and Chassis	Engine No....	1	2	3	4			
Number of Each Vehicle	Chassis No.	1	2	3	4			

CLAIMS NOT YET SETTLED

<u>Damage to own Vehicle</u>	<u>Third Party</u>	<u>Others</u>
Claim No.....	Claim No.....	Claim No.....
Amount.....	Amount.....	Amount.....

Total Number of Accidents & Losses

<u>Year</u>	<u>Number</u>
20.....
20.....
20.....

21. Are you entitled to a "no claim discount" from your previous insurers in respect of any of the vehicles described in this proposal? If so, please attach renewal notice

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

22. Do you wish to insure in respect of

- (a) comprehensive Benefits
- (b) Third Party Liability, Fire & theft
- (c) Third Party Liability only

DECLARATION

I/We warrant that the above statements and particulars are true and I/We have not suppressed or misstated any material fact. I/We hereby agree that the Declaration shall be held to be promissory and shall form the basis of the contract between me/us and **LEADWAY ASSURANCE COMPANY LIMITED** and I am/we are willing to accept a policy subject to the conditions prescribed therein and to pay there on. I/We undertake that the Vehicle or Vehicles to be insured shall not drive by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof.

Dated this day of 20.....

Agency..... Signature of Proposer.....

3. State where vehicle(s) is/are usually garaged:

4. If more than one vehicle is to be insured, how many are garaged in the same building?

5. (a) Are you the owner of the Motor Vehicle(s), and is it/are they registered in your name?

If so, state name and address of owner(s) and of the person(s) in whose name the vehicle(s) is/are registered

(b) Is a Hire Purchase Co. interested in the Vehicle(s)? If so, give name and address:

6. Give full particulars of all purposes for which Vehicle(s) will be used and general nature of goods to be carried? (if any)

7. (a) if used for carriage of goods, what are their general nature?

(b) Will you carry explosives and/or inflammable materials? Yes No

(c) Do you undertake Cartage for other persons? Yes No

(d) Will any of the Vehicles be let out on hire? Yes No

	Reg No	License
(e) In respect of each Vehicle, state what License (i.e. A, B or C) you hold	1 <input type="text"/>	<input type="text"/>
	2 <input type="text"/>	<input type="text"/>
	3 <input type="text"/>	<input type="text"/>
	4 <input type="text"/>	<input type="text"/>

(f) Has the Vehicle been altered or adapted to carry a load heavier than that stated in the Maker's published specification?

8. If used for Carrying Passengers

(a) Are the Passengers carried for hire or reward? Yes No

(b) Are the Vehicles used for Public Service? Yes No

9. Will the Vehicle(s) be driven solely by you? if not, state total number of Employees licensed to drive

10. State how long a Driving license has been held by

(a) Proposer, (b) Paid Driver

11. Are the Vehicles at present in a thorough state of repair? Yes No

12. Are the brakes in good working order and regularly examined? Yes No

13. To the best of your knowledge do you, or does any other person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity? Yes No
14. Have you, or has any other person who to your knowledge will drive, been convicted during the past five years of any offence in connection with any Motor Vehicle? Yes No
15. State total number of Motor Vehicle owned by Proposer
16. Will a trailer or trailers be used? If so, state number, carrying capacity, Registration number and value of each
17. State Town of locality in which Vehicle(s) will generally be used
18. Are you now or have you been insured in respect of any Motor Vehicle? If so, state name and address of company or underwriter
19. Has any company or Underwriter ever:
- (a) Declined your proposal Yes No
 - (b) Required you to carry the first portion of any loss? Yes No
 - (c) Required an increased premium or imposed special conditions? Yes No
 - (d) Refused to renew your policy? Yes No
 - (e) Cancelled your policy Yes No

20.

CLAIMS HISTORY

Please give details of any losses sustained in the last three years

NOTE: Please add a separate sheet if the sheet provided for the question is not enough

TOTAL COST OF SETTLED CLAIMS

<u>Damage to Own Vehicle</u>	<u>Third Party</u>	<u>Others</u>
Claim No.....	Claim No.....	Claim No.....
Amount.....	Amount.....	Amount.....

Total number of Accidents & Losses

Year	Number
20.....
20.....
20.....

No acknowledgement of any Premium or Deposit is valid unless upon the Company's Printed Form.