

# BRITISH CARIBBEAN INSURANCE COMPANY LIMITED

Head Office: 36 Duke Street, P. O. Box 170, Kingston, Jamaica, West Indies. Telephone 922 1260  
 Branch: Shop #1, 29 Gloucester Avenue, Montego Bay, Jamaica, W.I. Telephone 952 3877; 952 7219

## APPLICATION FORM FOR DRIVERS (Being part of the Motor Vehicle Proposal Form)

**APPLICANTS ARE ASKED TO READ CAREFULLY AND ANSWER ALL QUESTIONS FULLY**

**The Company reserves the right to increase premiums or to decline any application submitted.**

Please use this symbol [ ✓ ] for questions requiring answers "Yes" or "No".

Policy / Cover Note No. \_\_\_\_\_

Name(s) of Proposer(s) / Insured(s) \_\_\_\_\_

Description of vehicle(s) \_\_\_\_\_

Registration number(s) \_\_\_\_\_

### 1. PARTICULARS OF DRIVER(S)

FULL NAME	Date of Birth			Occupation	Relation-ship to Proposer/ Insured	Driver's Licence									
	D	M	Y			Type and rating	Number	Issued			Expires				
								D	M	Y	D	M	Y		
1															
2															
3															

2. Do you suffer from any of the following? : (Enter information against the appropriate Driver Number.)

		Driver 1		Driver 2		Driver 3	
		Yes	No	Yes	No	Yes	No
a.	Defective vision						
b.	Defective hearing						
c.	Heart condition						
d.	Epilepsy						
e.	Diabetes						
f.	Physical disability or infirmity						
g.	Any other disability or infirmity						

3. If Yes, give details:

<b>Driver 1</b>
<b>Driver 2</b>
<b>Driver 3</b>

4. In relation to any motor vehicle, have you been? :

		Driver 1		Driver 2		Driver 3	
		Yes	No	Yes	No	Yes	No
a.	Convicted or fined for any traffic offences in the last 3 years						
b.	Ticketed for any traffic offences in the last 2 years						
c.	Prosecuted or have any prosecutions pending						

5. If the answer to any part of question 4 is "Yes", please state details giving the appropriate Driver Number.

Driver Number	Date			Fine and/or Demerit points	Brief details
	D	M	Y		

6. Have you had any accidents, claims or losses in the past 2 years for any vehicle owned or driven?

Driver Number	Yes	No	Insurance Company	Type and cost of damage	Type and cost of injury

7. Enter below any information pertaining to insurance of any motor vehicle(s) currently or previously owned by you.

Driver Number	Insured name	Period of insurance	Insurance Company

8. Has any Insurer ever? :

		Driver 1		Driver 2		Driver 3	
		Yes	No	Yes	No	Yes	No
a.	Declined, cancelled or refused to renew your policy						
b.	Required an increased premium						
c.	Imposed special conditions						

**DECLARATIONS, AGREEMENTS AND CAUTIONS**

**IMPORTANT: Please read the following carefully or have the contents explained to you before signing.**

We use this application form to elicit certain material information that will enable us to determine the terms and conditions to be imposed. The application will be declined if the Applicant makes false statements or withholds any material information.

**N.B. Material information is information an Insurer would regard as likely to influence the assessment and acceptance of your application.**

The Insured/Owner is urged in his/her own interest to ensure that this form is fully and correctly completed.

I/We declare to my/our knowledge and belief that the answers given in this application are true and complete and that I/we have not withheld any material information. I/We agree that this application and declaration shall be the basis of the contract between the Policyholder and British Caribbean Insurance Company Limited.

I/We hereby authorize the Commissioner of Police or his representative or the Manager of the Central Motor Vehicle Registry or his representative to release, as required, by British Caribbean Insurance Company Limited, any or all information pertaining to me/us declared in this application.

9. I/We submit copies of Licence(s) of Driver(s) as follows:

	Yes	No		Yes	No		Yes	No
Driver 1			Driver 2			Driver 3		

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
Signature(s) of Applicant(s)