

Commercial Vehicle Insurance Proposal Form

(complete in block letters as applicable)

Full name of proposer

Address of proposer

Description of business Telephone

Website address E-mail

What is the number of vehicles?

Are the vehicle(s) parked in a locked garage? Yes no

Address of garage:

Carriage purposes: Personnel Goods

Vehicle usage: Own business Rental

Particulars of vehicle(s) to be insured

Registration number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Make of vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Body type	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of passenger	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of manufacture	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cubic capacity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated value (vehicle & accessories)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

note: premium rates would be communicated in our acknowledgment

Declaration:

I agree that the foregoing information are provided having fully subscribed to the standard terms, conditions, clauses, exclusions and warranties of the insurance and that this proposal shall be the basis of a contract of insurance.

Yes no

Date..... signature of proposer.....

The insurance will not commence until the proposal has been accepted in writing/e-mail and the premium paid. A copy of the policy wording is available for download on request.