CG | UNITED

PROPOSAL FORM FOR INSURANCE
MOTOR INSURANCE

Please check this Proposal Form carefully as it forms the basis of the contract between you and CG United Insurance Ltd. If you agree that this is a true representation of the facts provided by you, please sign the declaration in the space provided on the final page and return the document to CG United Insurance Ltd.

If, however, you disagree with any of the data or information presented please contact CG United Insurance Ltd. or your representative immediately.We require one form of government issued photo identification and proof of address no more than 3 months old (e.g., utility bill, bank statement) to complete your application.

Important Notice Concerning Disclosure: It is your duty to disclose all material facts to the Company. A material fact is one that is likely to influence the underwriter's judgment and acceptance of your proposal. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

PART 1 DETAILS OF PROPOSER FOR: ☐ PRIVATE CARS ☐ COMMERCIAL VEHICLES ☐ MOTOR CYCLES

Full Name of Proposer/Company: _____

Martial Status: _____ Title: _____ Gender: _____

If a Company, State Full Legal Name: _____

If a Corporate Entity/Limited Liability Company, Parts 7 and 8 must be completed for Commercial Clients/Insureds.

Residential Address: _____

Mailing Address: _____

Date of Birth: _____ Country of Birth: _____ Nationality: _____

Dual Nationality? ☐ Yes ☐ No If Yes, please specify: _____

National ID No./Company's No.: _____ VAT No.: _____

Type of Photo Identification Provided: _____ Proof of Address Provided: _____

Contact Nos.: (H) _____ (W) _____ (M) _____

Email address: _____

Employer Name & Address: _____

Occupation: _____

Place of Business: _____

Annual Occupation Income (St. Vincent & The Grenadines Only): _____

Period You Require Insurance From: _____ To: _____

The term "Politically Exposed Person" applies to someone who currently has, or has had, a position of public trust (e.g., government official, senior executive of government corporations, politician, important political party official, etc.) or an individual who is closely related to/associated with such a person. Does this description apply to you? ..... ☐ Yes ☐ No

Are you entitled to a No Claim Discount from a previous insurer in respect of any of the vehicles to be insured? ..... ☐ Yes ☐ No

If Yes, please attach renewal notice or other proof. ☐ Attached

How did you hear about us? ☐ Social Media ☐ Online Ads ☐ Website ☐ Radio ☐ TV
☐ Newspaper ☐ Other (please specify): _____

What is your preferred method for us to contact you in relation to your policy?
☐ WhatsApp ☐ Email ☐ SMS ☐ Mobile Phone ☐ Home Phone ☐ Work Phone

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PART 2 COVER

Cover	Comprehensive	Third Party Fire & Theft	Third Party Only
Accidental Damage	Yes	No	No
Fire or theft	Yes	Yes	No
Hurricane, Earthquake, Volcanic Eruption, flood or any convulsion of nature, riot, strike, or civil commotion	Yes	No	No
Windscreen Damage	Yes	No	No
Third Party Liability for injury to person and damage to property	Yes	Yes	Yes

Ancillary Cover:

A. Increased Windscreen damage required? ☐ No ☐ Yes Limit: _____

B. Alternative Transportation (For private vehicles only)? ☐ No ☐ Yes No. of Days: _____
(Cover not available in all markets. Please check with your local agent to determine if this cover is available to you.)

C. Increased Third Party Liability Limits required? ☐ No ☐ Yes Limit: _____

D. Do you wish to voluntarily increase your excess amount? ☐ No ☐ Yes Amount: _____

PART 3 PARTICULARS OF VEHICLE(S) TO BE INSURED

1. Vehicle Details	Vehicle 1	Vehicle 2	Vehicle 3
A. Registration No.			
B. Engine No.			
C. Chassis No. / VIN No.			
D. Make and Model			
E. Vehicle Roof Type	☐ Hard ☐ Soft ☐ Other	☐ Hard ☐ Soft ☐ Other	☐ Hard ☐ Soft ☐ Other
F. Type of Body			
G. H.P. or C.C.			
H. Year of Manufacture			
I. Carrying or Seating Capacity			
J. Date of Purchase			
K. Price Paid			
L. Present Value			
M. Left or Right Hand Drive	☐ Left ☐ Right	☐ Left ☐ Right	☐ Left ☐ Right
N. Anti-Theft Device			
O. Vehicle Tracker			
P. Type of Vehicle	☐ Electric ☐ Hybrid ☐ Gas/Diesel Only	☐ Electric ☐ Hybrid ☐ Gas/Diesel Only	☐ Electric ☐ Hybrid ☐ Gas/Diesel Only
Q. In good state of repair?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
R. Modified from manufacturer's standard specifications?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
S. Spare parts stocked locally?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

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1.

Vehicle Details	Vehicle 1	Vehicle 2	Vehicle 3
T. In accident or previously a write off?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
U. New or Secondhand?	☐ New ☐ Seconhand	☐ New ☐ Seconhand	☐ New ☐ Seconhand
If Secondhand, name and address of previous owner:			
V. Sole owner of Insured vehicle	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
W. Is vehicle registered in your name?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
X. Hire Purchase agreement or other type of contract? If Yes please state Name & Address of Finance Company, if applicable	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

N.B. Any changes to the manufacturer's standard specification after the date of this application must be notified to the Company.

2. Will the Vehicle be used:

a. Only for Private pleasure purposes or traveling to and from your place of business (but not used during the course of your business)? ☐ No ☐ Yes

b. During the course of your business or employment for commercial traveling or the Carriage of Goods and samples (i.e. for business purposes)? ☐ No ☐ Yes

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

d. For purposes other than a to c. ☐ No ☐ Yes

If Yes, please describe: _____

_____

3. Vehicle Location

a. Overnight address: _____

b. Where will vehicle be kept at night? ☐ Locked Garage ☐ Fenced Yard ☐ Driveway ☐ Other _____

c. Where will vehicle be kept during day? ☐ Locked Garage ☐ Fenced Yard ☐ Driveway ☐ Other _____

4. Fitness and Your Ability to Drive

Have you or any other person who may drive:

a. Suffered from defective vision, hearing or any other disability? ☐ No ☐ Yes

b. Now, or within the past 5 years, suffered from diabetes, fits, loss of consciousness or any complaint of the heart? ☐ No ☐ Yes

5. Driver Details (all other persons who will normally drive the vehicle(s))

	Policyholder	Driver 1	Driver 2
a. Name			
b. Address			
c. Do you hold a valid Drivers' Licence?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
d. Occupation			

	Policyholder	Driver 1	Driver 2
e. Date of Birth			
f. i. Driver's Licence (DL) No.			
ii. Original Date of DL Issue			
iii. Expiry Date of DL			
iv. Licence Class/Type held			
g. Detail any driving convictions			
h. Has your Driver's Licence ever been suspended or endorsed?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
i. Have you ever had motor insurances before?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
j. Have you ever had Insurances canceled/declined/not renewed or has special terms imposed?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If you answered Yes to any of the above questions, please provide details: _____

_____

_____

_____

6. Claims Experience of Drivers

Give particulars in the following Schedule of any accidents or losses during the past five years in connection with any motor vehicle or motor cycle owned or driven by you (including the vehicle which is the subject of this proposal) and all other persons who to your own knowledge will drive. All accidents must be included whether insured or uninsured and whether resulting in a claim or not. If none, state "none" (ticks or dashes not accepted).

Date	Name of Driver	Brief Details of Incident	Cost of Claim

7. Undeclared Drivers

It is advised that all persons who may drive the insured vehicle(s) be declared to the insurance company. Any undeclared drivers involved in accidents will attract a higher excess.

All known drivers have been declared. ..... ☐ Yes ☐ No

PART 4 DECLARATIONS

Note: The Insurance Application is the Proposal Form and Declarations.

1. **Data Protection Declaration**: By signing this form, I confirm/understand that:

   - In order to administer the policy and plan CG United Insurance Ltd. may process any and all of the personal data provided.
   - I consent to CG United Insurance Ltd. processing my personal data, in accordance with CG United Insurance Ltd.'s Privacy Policy (https://international.cgcoralisle.com/privacy-policy/). For additional information on your rights and how to exercise them, please access or request this Policy.
   - I confirm that any personal data I provide to CG United Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG United Insurance Ltd. processing of their personal data.
   - I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
   - I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

2. Please read the following Declaration very carefully and read again the questions and answers especially if not completed in your own hand, before signing the form.

   I/We declare that to the best of my/our knowledge and belief the above answers are true and correct.

   I/We declare that all material particulars affecting the assessment of the risk have been disclosed and that the vehicle(s) is/are in a sound and road-worthy condition.

   I/We agree that this Proposal and Declaration shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract.

3. **Source of Funds Declaration**: Please explain the source of funds for payment of premium(s). The source of funds refers to the origin of the funds or other assets utilised for the payment of premiums or any other transaction between CG United Insurance Ltd. and the prospective customer. Examples of source of funds include salary/bonus, inheritance, maturity/surrender of a Life Insurance Policy, sale of property, pension, etc.

   Source of Funds: _____

   _____

Name of Proposer (Please print) _____

Signature _____ Date _____

INTERNAL USE ONLY

Information Requested: ☐ Medical Certificate ☐ Current Market Valuation ☐ Road Worthy Certificate

Total Premium _____ Stamp Duty/Tax _____ Total _____

Cover/Excess Explained To Proposer? ☐ Yes ☐ No

All Required Supporting Documents Provided? ☐ Yes ☐ No

Underwriter _____ Location _____ Date _____