



# GUARDIAN GENERAL INSURANCE LIMITED

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## PRIVATE USE PICK UP VEHICLE INSURANCE PROPOSAL

### COVER PROVIDED

The following alternative forms of cover are available: (see Question 19)

- 1. THIRD PARTY - Liability for injury to third parties and damage to property of third parties
- 2. THIRD PARTY FIRE and THEFT - Liability for injury to third parties, damage to property of third parties, and loss of or damage to the **Insured Vehicle** by fire or theft
- 3. COMPREHENSIVE - Liability for injury to third parties, damage to property of third parties, and loss of or damage to the **Insured Vehicle**

### EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

PLEASE 1. USE BLOCK LETTERS	(a)	Name of Proposer(s) (Mr./Mrs./Miss)	<b>INDIVIDUALS ONLY</b>
			DATE OF BIRTH
			Month Day Year
	(b)	Address (home) _____	
		_____ Contact No(s) _____	
	(c)	Mailing Address (if different from home) _____	
	(d)	Home e-mail address _____	
	(e)	Trade, occupation, profession (include part-time) _____ Marital Status _____	
	(f)	Driver's Permit No _____ Date of Issue _____ Class(es) _____	
		MM / DD / YY	
(g)	Name of Employer _____		
(h)	Address _____		
		_____ Telephone No _____	
(i)	Employment e-mail address _____		

2. Do you have any other insurance(s) with this Company? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
If 'YES' please give particulars \_\_\_\_\_  
\_\_\_\_\_

3. Will anyone driving or who will drive your motor vehicle

(a) be less than **25** years of age? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

(b) have less than **2** years regular driving experience? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
If 'YES' to either of these please give

Driver's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's Permit No \_\_\_\_\_ Date of Issue \_\_\_\_\_ Class(es) \_\_\_\_\_

4. Have you, or has anyone who will drive your motor vehicle, ever suffered from defective vision, hearing or any other physical disability or infirmity? **YES**\_\_\_\_ **NO**\_\_\_\_  
 If 'YES' please state the nature of the disability or infirmity and whether any corrective actions have been undertaken

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Have you, or has anyone who will drive your motor vehicle, ever been convicted of any offence? **YES**\_\_\_\_ **NO**\_\_\_\_  
 If 'YES' please state the date and nature of the conviction

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Have you ever insured a motor vehicle in your name? **YES**\_\_\_\_ **NO**\_\_\_\_  
 If 'YES' please state the name(s) and Branch office(s) of the Insurers, Policy No (if known), Vehicle No. and "No Claim Discount" (if any)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Have you been driving a Motor Vehicle regularly during the past twelve months? **YES**\_\_\_\_ **NO**\_\_\_\_  
 If 'NO' please state how long has it been since you drove regularly

\_\_\_\_\_

8. Has any Insurer ever  
 (a) declined your proposal? **YES**\_\_\_\_ **NO**\_\_\_\_  
 (b) increased your premium? **YES**\_\_\_\_ **NO**\_\_\_\_  
 (c) imposed special conditions on your policy? **YES**\_\_\_\_ **NO**\_\_\_\_  
 (d) refused to continue or renew your policy? **YES**\_\_\_\_ **NO**\_\_\_\_  
 (e) cancelled your policy? **YES**\_\_\_\_ **NO**\_\_\_\_  
 If 'YES' to any of these please give details

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Have you, or has anyone who will drive your motor vehicle, ever had any accidents or losses or made any claims (including windscreen damage claims) during the past three years in connection **with this or any other motor vehicle?** **YES**\_\_\_\_ **NO**\_\_\_\_

If 'YES' please give details \_\_\_\_\_

**GIVE A SEPARATE ANSWER FOR EACH YEAR**

Year	Total No. Vehicles Owned/ Driven	Total Number Accidents/ Losses		Own Damage		Third Party Property Damage		Third Party Bodily Injuries	
				No.	Amount	No.	Amount	No.	Amount
			Paid						
			Outstanding						
			Paid						
			Outstanding						
P			Paid						
			Outstanding						

Please State particulars of these \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10. PARTICULARS OF THE MOTOR VEHICLE(S) TO BE INSURED**

Licence Reg. No.	Make & Model	Type of Body	H.P. / C.C.	Year of Manufacture	Seating Capacity Including Driver	Purchase Date & Price	Market Value Including Standard Accessories	Engine Number	Chassis Number

Do you wish to insure the following items if installed in addition to, or as a replacement of manufacturers' Standard Items **YES \_\_\_ NO \_\_\_**

Audio/Visual Equipment \$ \_\_\_\_\_ Special Paint Works/Advertising/Graphics\$ \_\_\_\_\_  
 Mag Rims\$ \_\_\_\_\_ Any other major accessories\$ \_\_\_\_\_

**NOTE:** You are required to ensure that the Sum Insured is revised each year to reflect the current market value as claims will be settled on an indemnity basis. For total losses you will be paid the market value at the time of the loss or the amount for which the vehicle is insured whichever is less.

**11.** Has your motor vehicle been modified in any way or fitted with oversized tyres or a high performance engine or equipment? **YES \_\_\_ NO \_\_\_**  
 If 'YES' please give details \_\_\_\_\_

**12.** Is your motor vehicle  
 (a) new? \_\_\_ secondhand? \_\_\_ 'foreign used'? \_\_\_ **YES \_\_\_ NO \_\_\_**  
 (b) registered in your name? **YES \_\_\_ NO \_\_\_**  
 (c) the subject of a hire purchase or lease or mortgage agreement? **YES \_\_\_ NO \_\_\_**  
 If 'YES' please state name and address of the finance company \_\_\_\_\_  
 (d) left hand drive **YES \_\_\_ NO \_\_\_**

**13.** Has your motor vehicle ever been involved in an accident, loss or damage? **YES \_\_\_ NO \_\_\_**  
 If 'YES' please give details \_\_\_\_\_

**14.** Is your motor vehicle in good condition and repair and will it be kept so? **YES \_\_\_ NO \_\_\_**

**15.** (a) Where will your motor vehicle be kept (in your answer please indicate whether the vehicle is in a locked garage, or open carport within a fenced and locked area, or otherwise) during the night? \_\_\_\_\_  
 (b) Please state how many vehicles will be kept at the same premises \_\_\_\_\_

**16.** Is your motor vehicle fitted with an anti-theft device? **YES \_\_\_ NO \_\_\_**  
 If 'YES' please state the name and type of such device and date installed \_\_\_\_\_

**17.** Will the vehicle be used to draw any trailer? **YES \_\_\_ NO \_\_\_**  
 If 'YES' please give particulars - Licence Registration Number \_\_\_\_\_ Make & Model \_\_\_\_\_

18. Will your motor vehicle be used
- (a) for any purpose in connection with a business or trade? YES \_\_\_ NO \_\_\_  
If 'YES' please give details  
\_\_\_\_\_  
\_\_\_\_\_
- (b) for racing pacemaking speed testing competitions rallies or trials or the carriage of passengers for hire or reward? YES \_\_\_ NO \_\_\_  
If 'YES' please give details  
\_\_\_\_\_  
\_\_\_\_\_
- (c) only for social domestic and pleasure purposes and for travelling to and from your place of business? YES \_\_\_ NO \_\_\_  
If 'NO' please state for what other purpose the vehicle will be used  
\_\_\_\_\_  
\_\_\_\_\_

19. Type of cover required is  
THIRD PARTY \_\_\_\_\_ THIRD PARTY FIRE and THEFT \_\_\_\_\_ COMPREHENSIVE \_\_\_\_\_

20. **OPTIONAL EXTRA BENEFITS (Available at an additional cost for each item selected)**

Do you wish to extend the policy to include: -

- (a) loss or damage arising from flood hurricane windstorm tornado earthquake volcanic eruption or any other convulsion of nature? YES \_\_\_ NO \_\_\_  
(Comprehensive Only)
- (b) windscreen and ALL glass damage? (Comprehensive and Fire & Theft) YES \_\_\_ NO \_\_\_  
If 'YES' please indicate limit required: \_\_\_\_\_
- (c) Personal Accident Benefit to un-named Passengers (between ages 17 and 65) for the full seating capacity of the vehicle (\$5000 per person or \$35,000 Aggregate) YES \_\_\_ NO \_\_\_
- (d) Alternative Vehicle Allowance (maximum of 10 days at \$200 per day) YES \_\_\_ NO \_\_\_  
(Comprehensive Only)
- (e) Agreed Value - YES \_\_\_ NO \_\_\_  
(Pre-agreed Depreciation for Total Losses): (Comprehensive & Fire/Theft subject to Valuation)
- (f) Hospitalisation Benefits (Max. Benefit \$15,000 per 12-month period) YES \_\_\_ NO \_\_\_  
If yes, subject to Health Questionnaire being completed and approved.  
(Comprehensive Only)
- (g) Increased Legal Expenses - Manslaughter YES \_\_\_ NO \_\_\_  
If 'YES' Please indicate Limit required in excess of \$10,000: \_\_\_\_\_

21. Period of Insurance from \_\_\_\_\_ to \_\_\_\_\_

**DECLARATION**

I/We wish to effect insurance with **Guardian General Insurance Limited** on the terms conditions and exclusions of the Policy to be issued by the Company.

I/We warrant that:

- (a) the statements and particulars given by me/us in this proposal are to the best of my/our knowledge and belief are true and complete
- (b) no material fact affecting the assessment of the risk has been misrepresented mis-stated suppressed or withheld
- (c) the motor vehicle is in good condition and repair.

I/We agree that this proposal and declaration shall form the basis of the contract between me/us and **Guardian General Insurance Limited** and shall be deemed to be incorporated in the Policy to be issued

Proposer's Signature \_\_\_\_\_ Date \_\_\_\_\_