

AUTOMOBILE APPLICATION

Company Name: _____
Location: _____
Mailing Address: _____

Tel: _____ (H) _____ (W)
Email Address: _____
Last Insurance Company or Agent: _____
Use of Automobile: (Please tick a box)
 Taxi Commercial Rental

IMPORTANT NOTE: Your insurance is severely restricted if drivers 25 years of age or under drive the vehicle and are not specifically named in this application form and named authorised drivers in the policy.

Regular Operators	Age	Sex	Marital Status	Occupation	# of Years Driving	Drivers Licence #

Has any operator during the past three years suffered from any condition, which would affect his/her ability to operate a motor vehicle?
 Yes() No(). If 'Yes', please explain: _____

Has any operator during the past three years been treated for alcoholism or for narcotic drugs? Yes() No()
 If 'Yes', please explain: _____

Has any company cancelled or refused to renew your insurance of the insurance of any operator? Yes() No()
 If 'Yes', please explain: _____

Has any company increased your premium or imposed special conditions or deductible? Yes() No()
 If 'Yes', please explain: _____

Have you or any operator ever had a revocation or suspension of driver's licence? Yes() No()
 If 'Yes', please explain: _____

Have you or any regular operator been involved in an accident in the past three years? Yes() No()
 If 'Yes', please explain: _____

Name of Operator	Date of Accident	Type of Accident	Details of Accident	Amount of Claim	Name of Insurance Company or Agent

COVERAGE REQUIRED

Coverage Required:

Third Party Liability Physical Damage (own car)

Loss Payee:

Premium to be paid by:

COVERAGE AND LIMITS

Premium

Bodily Injury: _____ Each Person _____ Each Occurrence _____

Property damage: _____ Each Occurrence _____

Medical Payments: _____ Each Person _____

Comprehensive Actual Cash Value: _____ Deductible _____

Collision Actual Cash Value Less: _____ Deductible _____

Other: _____ _____

TOTAL PREMIUM _____

I HEREBY DECLARE THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE AND COMPLETE AND THAT I HAVE NOT WITHHELD ANY INFORMATION REQUIRED IN THIS APPLICATION. IF THE ABOVE IS INCORRECT, I AGREE AND UNDERSTAND THAT UNDERWRITERS RESERVE THE RIGHT TO AMEND THE QUOTED PREMIUM OR TO DECLARE NULL AND VOID OR TO CANCEL ANY INSURANCE WRITTEN.

Signature: _____

Date: _____

