

# AUTOMOBILE APPLICATION

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Drivers Lic.# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Residence: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Tel (H): \_\_\_\_\_ Tel(W): \_\_\_\_\_

Last Insurance Company or Agent: \_\_\_\_\_ How long have you been driving?: \_\_\_\_\_

Use of Automobile: (Please tick a box)  Private & Pleasure  Business of Applicant

**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.

Other Regular Operator	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 or 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

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## DESCRIPTION OF VEHICLE(S)

Year: \_\_\_\_\_ Trade Name: \_\_\_\_\_ Body Type: \_\_\_\_\_ Licence Plate: \_\_\_\_\_

Chassis No.: \_\_\_\_\_ Date Purchased: \_\_\_\_\_ New( ) Used( ) Purchase Price: \_\_\_\_\_

Price when New in the BVI: \_\_\_\_\_ Effective Date of Policy: \_\_\_\_\_ (12.01 Standard Time)

## COVER REQUIRED

Third Party Liability

Physical Damage (Own Car)

Loss Payee: \_\_\_\_\_ Premium to be Paid By: \_\_\_\_\_

## COVERAGE AND LIMITS

	<u>Premium</u>
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: _____	_____
<b>TOTAL PREMIUM</b>	_____

**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: \_\_\_\_\_