

Agent/Broker no. Applicant no. Quotation ref.

PARTICULARS OF APPLICANT

Full Name:
(First, Middle/Father's, Last – Please state full legal name of the company)

Address:
(Building, floor, street, city, P.O. Box/Post code)

..... Date of birth:/...../..... Nationality:

Occupation/Profession: E-mail:

Phone:;;;
Home Office Mobile Fax

Requested period of insurance: from:/...../..... to:/...../.....

PARTICULARS OF VEHICLE

PLEASE, ATTACH PHOTOCOPY OF CAR REGISTRATION DOCUMENTS

1. **Make:**; **Year:**; **Body:** sedan; sport; other:

Plate Nb.:; **Nb. of seats:**; **HP:**; **Tonnage (for trucks):**

Engine Nb.:; **VIN (chassis) Nb.:**

2. **Usage:** private public commercial other:

3. **Alarm System:** Yes No 4. **Night parking:** Yes No

PARTICULARS OF VEHICLE

1. **Compulsory:** Yes No

2. **Third Party Liability:** Limit for material damage: \$250,000; \$1.000.000; Other:

3. **All Risks:** Driver +; Driver; Drive + (total loss) Vehicle market value:; **Excess:**

Options: Driver Extension; Passengers Extension **Rate:**

4. **Orange Card** Requested period of insurance: from:/...../..... to:/...../.....

List of Countries:

INSURANCE HISTORY

1. **Has the insurance now proposed been declined, cancelled, refused renewed or subjected to special terms by any insurance company?** No Yes, please specify name of the insurance company:

2. **Have you ever suffered any loss for the last 3 years whether insured or not?**
 No Yes, please specify when and estimated loss:

MODE OF PAYMENT

Please attach a "Premium Payment Agreement" form duly filled in and signed

Total Premium: LBP / USD

DECLARATION

We understand that signing this proposal does not bind the applicant or Bankers Assurance to affect the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Name: Date: Signature: