

Commercial Motor Insurance Proposal

Proposer's Full Name		Date of Birth (MM/DD/YY)
Mailing Address		
Home Phone	Work Phone	Fax
Email Address		
Occupation	Insurance Start Date (MM/DD/YYYY)	

General Questions

	Yes	No
1. Do all drivers have a valid Bermuda Licence for the vehicle(s) described in Details of Commercial Vehicle section?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is any driver subject to fainting spells, dizziness or have you suffered from a heart disorder, epilepsy, diabetes, defective vision or hearing or any other physical or mental disability which might affect the safe operation of a vehicle? (If YES, give full details).	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any insurance company declined to insure you, required increased premiums, imposed special conditions, cancelled or refused to renew any policy you have held? (If YES, give full details).	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any driver been convicted of traffic offences in the last five (5) years? If YES, please complete SECTION A on page 2.	<input type="checkbox"/>	<input type="checkbox"/>
5. Does any driver have any pending traffic offences? If YES, please complete SECTION B on page 2.	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you hold or have you held a motor policy with Argus or any other insurer? Please give name of company.	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any driver had motor accidents in the last five (5) years? If YES, please complete SECTION C on page 2.	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you entitled to a Fleet No Claims Discount? If YES, please supply proof.	<input type="checkbox"/>	<input type="checkbox"/>

Commercial Motor Insurance Proposal

Details of Commercial Vehicle (as per registration) – for additional vehicles please complete supplementary form(s).

Type of cover required: Comprehensive Third Party Fire & Theft Third Party
 Licence No. Make & Model
 Chassis No. Engine Size
 Engine No. Purchase Price
 Date of Purchase
 Value including accessories and stereo equipment
 State the name and address of any mortgagee who has an interest in the vehicle

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Declaration

Please read the following carefully as the information given by you forms the basis of the contract with Argus Insurance Company Ltd. (the “Company”). Any misrepresentation or non-disclosure or failure to disclose any material fact may result in the avoidance of the policy. All material facts must be disclosed. A material fact is one that is likely to influence the Company in the assessment and acceptance of any Application. If you are in any doubt as to whether a fact is material, it must be disclosed here. Please give details below.

THE COMPANY RESERVES THE RIGHT TO DECLINE ANY APPLICATION. A SPECIMEN COPY OF THE POLICY WORD IS AVAILABLE UPON REQUEST.

I DECLARE that to the best of my knowledge and belief, the information provided in this Application, which I have read over and checked, is true and complete and the sums insured represent the full replacement value of the property.

The Company reserves the right to verify the above information with the Transport Control Department and the Magistrates Court should it be deemed necessary.

I AGREE and ACKNOWLEDGE that this application forms the basis of the contract between me and the Company. I have withheld no information material to the Application whether it is the subject of a specific question or not. I agree to accept and conform with the terms of the policy.

I hereby authorize the Company to collect and use my personal data with (1) other members of the Argus Group of companies for the purpose of improving customer service, developing new product and marketing; and (2) with those service providers contracted by the Argus Group of companies for the sole purpose of administering those products, pensions or policies that affect me.

I agree to the Company using the email address I have supplied to email my renewal documentation to me.

Signature of Proposer

Signature of Agent/Underwriter

Date

PCV20140501