

Motor Insurance Application Form



APPLICANT INFORMATION			
Policy Holder: -----			
<i>First</i>	<i>Middle/Father's</i>	<i>Last</i>	
Date of birth: -----/-----/-----	Nationality:-----	Marital Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address: -----			
Work Address: -----			
Requested period of insurance:	From: -----/-----/-----	To: -----/-----/-----	
Telephone No.:	Home	Mobile	Office
	-----	-----	-----
Email Address: -----		Occupation: -----	

VEHICLE INFORMATION			
Please , attach photocopy of car registration documents			
1.Make :-----	Year of Make:-----	Body: <input type="checkbox"/> sedan <input type="checkbox"/> sport <input type="checkbox"/> other -----	
Plate Nr:-----	Nr. Of seats: -----	HP: -----	Tonnage (trucks): -----
Engine Nb: -----		VIN (chassis) Nb:-----	
2.Usage: <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Other -----			
3.Alarm System:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Night Parking:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Value of the car:	\$ -----		

INSURANCE REQUIREMENTS			
1.Compulsory: <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Third party Liability: Limit for material damage: <input type="checkbox"/> \$ 250.000 <input type="checkbox"/> \$ 1.000.000 <input type="checkbox"/> other -----			
3.All Risks:	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Replacement Car	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.Total Loss:	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Excess	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Orange card: Requested period of insurance: From -----/-----/----- To: -----/-----/-----			
List of countries: -----			
REMARKS -----			

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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 3 years whether insured or not?

No Yes, please specify when and estimated loss: -----

MODE OF PAYMENT

Total Premium: ----- LBP/USD; Total rate: LBP/USD-----

STATEMENT

We hereby declare that statements made by us in this Questionnaire and Proposal are, to the best of my knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk.

It is agreed that the insurers are liable in the terms of this Policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

Name -----

Date: -----/-----/-----

Signature-----