



Prime Insurance Company Limited

HEAD OFFICE: P.O. BOX 30280, Capital City, Lilongwe 3, Malawi

PROPOSAL FOR COMMERCIAL VEHICLE INSURANCE - VEHICLES USED IN MALAWI

NOTE: Please give a definite answer to each question. Ticks or dashes are not sufficient

OFFICE USE ONLY

Policy No. _____

1 Full Name of Proposer Dr./ Mr./ Mrs./ Miss: _____
 Full Address _____
 Business, Profession or Occupation _____ Age: _____
 Period of Insurance; from _____ to _____

2 PARTICULARS OF VEHICLE (S) TO BE INSURED

Make and type of vehicle and motive powered (petrol or desil or electric)	Maker's horse power and no. of cylinders	Treasury rating horse power	Year of construction	Maker's number	Registered letters and numbers	Full weight of load vehicle is constructed to carry	Proposer's estimate of present value including accessories

3 (a) Will the vehicle (s) be driven solely by you? _____ (a) _____
 if not state _____
 (b) Have any of your drivers had less than 3 years experience? _____ (b) _____
 (c) Are all your drivers fully licensed and qualified? _____ (c) _____
 (d) Are all your drivers licences in order and free from endorsement? _____ (d) _____

4 Do you, does any person who to your knowledge will drive, suffer from defective vision, or hearing or from any physical infirmity? If so, please state full particulars

5 Have you or any other person who to your knowledge will drive, been convicted during the past five years of any offence in connection with any Motor vehicle? If so, please state date(s), amount(s), and whether driving licence was endorsed.....

6 Do you wish to insure under:
 (a) Comprehensive Policy?..... (a).....
 (b) Third Party Only Policy?..... (b).....
 (c) Third Party Fire and Theft Only Policy?..... (c).....
 (d) Road Act Policy?..... (d).....

7 Are you the owner of the vehicle(s) and is registered in your name?
 Please state any Loan or Hire Purchase interest _____

8 Do you desire any of the Additional Benefits mentioned overleaf included? If so, state which are required.....

- 9 (a) What are the purposes for which the vehicles will be used? (a).....
- (b) Does the Proposer undertake cartage work for other parties? (b).....
- (c) What is the general nature of the goods to be carried? (c).....
- (d) Has any vehicle been altered or adapted to carry a load heavier than the stated in the makers published specification? (d).....
- (e) What class of licence is held for each vehicle (e).....
- (f) Will the vehicle(s) be used to carry goods for hire or reward? (f).....
- (g) Will the vehicle be used at any for the the carriage of: (g).....
- (i) Passengers (1) Farepaying? (i)(1).....
- (2) Non farepaying? (2).....
- (ii) Explosive (ii).....
- If so, give particulars.....

10 Are you now or have you been insured in respect of the above or any other Motor Vehicle?
If so, please state name of the company or underwriter.

11 Are you entitled to a "No Claim Bonus" from your previous insurers in respect of any of the vehicles described in this proposal?
If so, please attach renewal notice

- 12 Has any Company or Underwriter ever
- (a) Declined your proposal?..... (a)
- (b) Required you to carry the first portion of any loss? (b)
- (c) Required an increase premium or imposed special conditions? (c)
- (d) Refused to renew your policy? (d)
- (e) Cancelled your policy?..... (e)

13 (a) Have there been accidents and/or losses during the past three years in connection with any Motor vehicle owned or driven by and/ or any other person who will regularly drive the vehicle(s)?
if so, please give particulars on the scheduled below of such accident and losses.

Year	Total Number of Motor Vehicles owned by Proposer	Total Number of accidents and losses	Damages to Proposer's vehicle	Third Party Claims	Others
			Amount	Amount	Amount

I/WE HEREBY DECLARE that all the above particulars are true, and I/WE undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor vehicle insurance or continuance thereof, and I/We herby agree that this Proposal and declaration shall be the basis of the contract between me/us and the Company and I/we are willing to accept a Policy subject to the terms, exceptions and conditions prescribed by the Company therein.

Date PROPOSER'S SIGNATURE.....

No liability is undertaken by the Company until this Proposal has been accepted by the company and the premium paid except as provided by any Covering Note issued by the Company.