

FEDERAL PACIFIC INSURANCE LIMITED

COMMERCIAL MOTOR VEHICLE

PROPOSAL FORM

Agent: _____

Policy Number: _____

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YOUR DUTY OF DISCLOSURE

You must tell us of all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose include:

- Anything that increases the risk of an insurance claim.
- Any criminal record
- If another insurer has cancelled or refused to renew insurance or has imposed special terms.
- Any insurance claim you have made in the past.

Examples of information you do not need to disclose include:

- Anything that reduces the risk of an insurance claim.
- Anything we say you do not need to tell us about.
- Anything that is common knowledge.
- Anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are not sure whether you need to disclose a particular piece of information, please ask.

WHEN IN DOUBT - DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.

NOTE:

The completion of this form is to enable Federal Pacific Insurance Limited (FPI) to establish the nature of the proposers operations, the extent of cover required, the conditions that are in existence and the rules and the procedures which will apply during the currency of the proposed insurance. The completion and/or signing of this form does not bind the proposer or FPI to the making of a contract of insurance. However, should such a contract be made then the information contained herein shall constitute a part of that contract. Alterations and/or variations of any of the answers given to any of the questions in this proposal form can only be made with the prior advice to, and the approval of FPI.

Period of Insurance _____

From _____

to _____

at 4pm

DETAILS OF APPLICANT(S)

Name: _____

Postal Address: _____

Business Location/Village: _____

Phone: _____

Fax: _____

Mobile: _____

Email: _____

Contact Person: _____

Position: _____

Business Activity: _____

DRIVER DETAILS

Please give details of every driver who will drive the vehicle(s):

Name	Date of Birth	Sex	How long has a licence been held for this class of vehicle?	Percentage of Use of Vehicle
				%
				%

				%
				%
				%
				%

DRIVER HISTORY

Please give details of any accidents, claims or losses (**whether at fault or not, and whether insured or not**) during the past three years in connection with any motor vehicle owned or operated by you or by any persons who will drive the vehicle(s):

Date	Cause of Accident	Driver	Amount of Loss	Insurer

During the past five years, have you, or has any other person who will drive the vehicle(s):

- (a) Been convicted of any driving offence (excluding parking offences) or an offence for which a prosecution is still pending, or had a driving licence suspended, cancelled or endorsed? No Yes
- (b) Suffered from diabetes, epilepsy, heart condition, or any other disease or physical disability? No Yes

VEHICLE USE

- What is the main purpose for which the vehicle(s) will be used?
 - Is the vehicle(s) operated for more than 10 hours a day? No Yes
 - Is the vehicle(s) used for bulk transport of flammable substances that have a flashpoint below 22°C or for transport of toxic chemicals, corrosive acids, gas or explosives? No Yes
 - Do you hire vehicles or plant, or hire out your vehicles or plant to others? No Yes
 - Are you the registered owner of the vehicle(s)? No Yes
- If "No", who is the registered owner?

FURTHER DETAILS

If you answered "Yes" to any of the questions above, please give details below and/or on a separate page.

POLICY OPTIONS

I/We apply for insurance as indicated - tick as required:

Type of cover: Full Cover Third Party Fire and Theft Third Party Only

EXTRA EXTENSIONS

Foreign Objects (Ingestion or entry into an agricultural implement or machine) No Yes

Liability for Rental Vehicles No Yes

VEHICLE DESCRIPTION

State type of body, whether articulated, and give details of any attached plant or implements:

	Year Manu.	Gross Laden Weight	Description	Registration Number	*Sum Insured: Present Market Value Including Standard Accesories	Engine Size	VIN/ Chassis/ Frame Number
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

*Note: Book value, depreciated cost, written-down value and/or residual value should not be used for market value.

Does it have any non-standard accessories, mag wheels, stereos or other equipment fitted? No Yes > If "Yes", please list items

Description of Item	Value	Date Installed/Purchased

ON BEHALF OF APPLICANTS

I agree that:

1. MATERIAL FACTS

- (a) All information given to FPI (whether oral or written is true and correct:
- (b) All material facts have been disclosed (see “your Duty of Disclosure”)

2. TERMS OF POLICY

The terms of FPI policy are accepted

3. AGENCY

Anyone who assists me to complete this Application Form is acting as my agent only.

PLEASE NOTE:

- We gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, we may decline your application.
- This information is held by us and you may access it. It may be passed on to other insurers you deal with, and mortgagees, etc.

ON BEHALF OF ALL APPLICANTS

1. Signature

/

/

Position/Title

Date

Full Name

2. Signature

/

/

Position/Title

Date

Full Name