



AGENCY.....

POLICY NO.....

PROPOSAL FOR MOTOR CYCLE POLICY

The Company : **REUNION INSURANCE COMPANY LIMITED**

N.B. – Please give a definite answer to each question – ticks or dashes are NOT sufficient

PARTICULARS OF MOTOR CYCLE TO BE INSURED

Registration Mark	Make of Motor Cycle	Maker's H.P. frame and engine no.	Cubic capacity of engine	Year of Manufacture	Seating capacity side-car (if any) and value		Price paid by Proposer	Date of purchase by Proposer	Proposer's estimate of present value including side-car, accessories and spare parts
					Capacity	Value			

1. Full Name of Proposer..... Telephone No.....
 Residential Address..... P.O.Box
 Business, profession or occupation..... Age.....
 (If more than one state all)

2. (a) Will the motor cycle be used solely for social, domestic and pleasure purposes?
 (b) If not, give full particulars of use. (a)
 (b).....

3. Will the motor cycle be driven:-
 (a) solely by you? (a).....
 (b) solely by you and/or your employees? (b).....
 (c) by any other person? (c).....

4. If an individual proposer, how long have you been driving a motor cycle?
Licence Number

5. (a) Do you now hold a motor cycle or other motor vehicle insurance policy?
 (b) Have you previously held a motor cycle or other motor vehicle insurance policy?
 If so state:-
 (i) name of every company or underwriter concerned (i).....
 (ii) class of cover provided, i.e. comprehensive, third party, etc. (ii).....

6. Has any company or underwriter ever in connection with any motor cycle or other motor vehicle:-
 (a) declined your proposal? (a).....
 (b) required you to carry the first portion of any loss? (b).....
 (c) required an increased premium? (c).....
 (d) imposed special conditions? (d).....
 (e) refused to renew your policy? (e).....
 (f) cancelled your policy? (f).....

7. To the best of your knowledge and belief do you, or does any other person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity?

8. (a) Have you, or has any person who to your knowledge will drive, been convicted during the past five years of any offence in connection with any motor cycle or other motor vehicle, or is in any prosecution pending?
 If so, give particulars of all such convictions and prosecutions.
 (b) Has any person who to your knowledge will drive had any (a).....

 (b).....

special terms or conditions imposed or his insurance cancelled or refused by any company or underwriter? If so, give particulars.
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9. (a) Have there been any *accidents and/or losses during the past 36 calendar months in connection with any motor cycle or other motor vehicle (including the motor cycle described above) owned or driven by you, or used by you or for you?

(b) if so, give particulars in the schedule below of such *accidents and losses.

*All accidents and losses, whether insured or uninsured and whether resulting in a claim or not must be included.

Year	Total No. of motor vehicles owned by Proposer	Total No. of accidents and losses		Damage to Proposer's Vehicle		Third Party		Others	
				No.	Amount	No.	Amount	No.	Amount
			Paid						
			Outstanding						
			Paid						
			Outstanding						
			Paid						
			Outstanding						

10. Particulars of Insurance required	10. (a) Comprehensive (b) Full Third Party, Fire & Theft (c) Full Third Party Only (d) Act	N.B. Please cross out the three sections not required
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11. Are you entitled to a "No Claim Discount" from your previous insurers in respect of any motor cycle described in this proposal? If so, please attach renewal notice.

12. Have you any other kind of insurance with the company? If so, give particulars.

Period of Insurance from.....am/pm..... to..... (both dates inclusive).

I/We desire to effect an insurance against risks as set above in terms of the policy used for this class of business and I/we warrant that the above statements and particulars are correct and complete. I/We hereby agree that this proposal and warranty shall be held to be promissory and be the basis of the contract between me/us and the Company. I/We undertake that the motor cycle or motor cycles 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.

Date..... Signature.....
 This insurance will not be in force until the proposal has been accepted by the Company. The Company reserves the right to decline any proposal.

Stamp Duty..... NET ANNUAL PREMIUM.....