

**PROPOSAL FOR PRIVATE CAR INSURANCE**

"AN INSURANCE AGENT WHO ASSISTS AN APPLICANT TO COMPLETE AN APPLICATION OR PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT"

It is essential that a definite answer (not by ticks or dashes) be given to each question (Block Letters Please)

Full Name of Proposer.....  
Office Address.....  
Residence Address.....  
Age.....Occupation.....  
Office Telephone No..... Mobile No.....

**CARS TO BE INSURED**

Index Mark and Registration Number	Make of Car	Chassis No. and Engine No.	Type of Body	C.C.	Manu- facture	Number of Seats including Driver	Date of Purchase	Whether new or Second-hand at time of delivery	Proposer's Estimate of Present value	
									Excluding Accessories	Including Accessories
										N
										N

(1)	(a)	Will the Car be used SOLELY for social, domestic and pleasure purposes? (b) If not state other uses.....	(a)	(b)
(2)	(a)	Will the Car be driven EXCLUSIVELY by (i) Yourself?..... (ii) One or more other persons? If so, state name in full of each such other person and whether he/she is a paid driver	(a)	(i) (ii)
	(b)	If the Car will not be driven exclusively by you, state in respect of each other person who to your knowledge will drive (i) his/her age..... (ii) How long he/she has been driving motor vehicles continuously..... (iii) Whether he/she has had any motor vehicle accidents or losses during the last three years.....	(b)	(i) (ii) (iii)
(3)	(a)	Have you, or has any person who to your knowledge will drive, (i) EVER had a licence for driving motor vehicles suspended?..... (ii) been convicted during the last FIVE YEARS of any offence in connection with any motor vehicle, or is any prosecution pending?.....	(a)	(i) (b) (ii) (b)
	(b)	If so, give full details.....		
(4)		State total number of motor vehicles owned by you during each of the last three years.....	20.....20.....20.....	No.....No.....No.....
(5)		Have you been insured in respect of any motor vehicle? If so, state (b) name of insurers: and (c) Policy number.	(a)	(b) (c)
(6)	(a)	In respect of motor vehicle insurance, have any Insurers ever declined your proposal or cancelled or refused to renew your policy? If so, state reason.....	(a)	Reason:
	(b)	required you to bear the first part of the cost of any accident or loss? If so, state amount.....	(b)	Amount:
	(c)	imposed special conditions to insure you or required an increased premium? If so, state reason.....	(c)	Reason:
(7)		WHAT COVER DO YOU WANT? (Please tick box)  Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Third Party only <input type="checkbox"/>		
(8)		ARE YOU ENTITLED TO a "No claim Discount from your previous insurers in respect of any of the vehicles described in the proposal? If so, PLEASE ATTACH RENEWAL NOTICE.		
(9)		DO YOU REQUIRE GEOGRAPHICAL EXTENSION UNDER THE ECOWAS BROWN CARDS SCHEME (Please tick box)  Yes <input type="checkbox"/> No <input type="checkbox"/>		
(10)		ADDITIONAL BENEFITS:- DO YOU REQUIRE ANY OF THE FOLLOWING ADDITIONAL COVERS? (Please tick as appropriate)		
	(a)	RIOT and STRIKE COVER Yes <input type="checkbox"/> No <input type="checkbox"/>		
	(b)	Personal Accident Benefit Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate level of capital benefit required in multiple of ₦10,000.00		
	(c)	Increased Third Party Property damage cover Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, up to what level? N.....		

I/We hereby declare that the above statements and particulars (including the particulars overleaf) are true, and I/We agree that this proposal and declaration shall be the basis of a contract of insurance between me/us and HEIRS Insurance Company Limited, such contract to be expressed in the form of a Policy. I am/We are willing to accept a Policy subject to the terms, exceptions and conditions prescribed by the Company therein. I am/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.

Date.....20.....Proposer's Signature.....

The liability of the Company does not commence until the acceptance of the Proposal has been intimated by the Company.

AGENCY.....	BRANCH.....	COVER COMMENCES:
		RENEWAL DATE: