

Excluding any taxi or vehicle used for carrying fare-paying passengers

THE FOLLOWING QUESTIONS AND DECLARATION ARE OBLIGATORY:

1. (a) Full Name of Proposer

(b) Postal Address

(c) Business or Occupation

2. State Adresse(s) of Place(s) of business to which this insurance is to apply

3. Period of Insurance required From:  To:

4. Do you, or any other person, who to your knowledge will drive the insured vehicle, suffer from defective hearing, or from any physical infirmity? If so, give full details

5. Have you or any person, who to your knowledge will drive the insured vehicle, been convicted of any offence or admitted to guilt in connection with any Motor vehicle? If so, give full details

6. (a) Have you been insured in respect of any Motor Vehicle? If so, give names of insurers

(b) Are you now insured in respect of any Motor Vehicle? If so, give names of insurers

Has any Company or Underwriter ever:

(a) Declined your Proposal?  YES  NO Name of Company

(b) Required an increased premium or imposed special conditions?  YES  NO Name of Company

(c) Required you to carry the first portion of any loss?  YES  NO Name of Company

(d) Cancelled your Policy?  YES  NO Name of Company

(e) Refused to renew your Policy?  YES  NO Name of Company

8. If insurance is required under:

(a) Named Driver Basis, give names of drivers

(b) Number Plate Basis, give particulars of Trade Registration No.s

Wages Basis, give an estimate of the wages, salaries, commission and any other consideration to be paid to all Employees including an amount of \$  in respect of each principal

9. Is cover required for Social, Domestic, or Pleasure Purposes by the Insured, Members, Directors or Employees of the Insured? If so, state

10. Do you require any other additional benefits? If so, give full names

11. Is cover in respect of Legal Liability to Passengers to be deleted from the Policy?  YES  NO

12. Do you wish to bear the first portion of any loss? If so, state amount

13. Are you entitled to a "No claim Rebate" from your previous Insurers? If so, please attach renewal notice

14. Give record of Accidents and Losses during the past three years:

| Year | Total No. of Accidents and Losses | Total Cost             |                              | Outstanding Losses |
|------|-----------------------------------|------------------------|------------------------------|--------------------|
|      |                                   | Damage to Own Vehicles | Third Party and Other Losses | Estimated Cost     |
| 20   |                                   |                        |                              |                    |
| 20   |                                   |                        |                              |                    |
| 20   |                                   |                        |                              |                    |
| 20   |                                   |                        |                              |                    |
| 20   |                                   |                        |                              |                    |