



St Helena Insurance
Cell Captive

Underwritten on behalf of Guardrisk International Ltd

MOTOR INSURANCE
Motor Trade Application Form

Name: _____
 Postal Address: _____
 Telephone: _____ e-mail: _____
 Business: _____
 Address of Business: _____

Cover required: **Damage & Liability** **Fire, Theft & Liability** **Liability Only**

Period of insurance from: _____ to midnight on _____

Number of employees: _____

Limit required for any one customer's vehicle: £ _____

Note: Customers vehicles are not covered as a result of work done to the vehicle or by any event which can be covered under the insurer's standard material damage policy such as, but not limited to fire, explosion, theft.

Own vehicle to be insured, including trailer, if any:

Year of Manufacture	Make, Model and type of body	Cubic Capacity of engine	Registration Number	Licensed seating capacity including driver	Estimated value (including fitted accessories)	Licensed Carrying Capacity

Please answer the questions on the reverse of this application dealing with modifications of the vehicle and use.

The insurance covers all persons driving with the knowledge and permission of the insured **if they are over 25 years of age, hold a full drivers licence, have had at least 12 months driving experience on a full licence. Details of any drivers who do not have these attributes or who have had a driving conviction or motor claim in the last five years must be given below.**

Restricting cover to named drivers may reduce the premium. Do you wish to do this? Yes No
 If you have answered Yes to this question please list the named drivers below.

Full name	Date of Birth	Type of licence held	Date of issue of licence

Please answer the questions on the reverse of this application in respect of each of the persons named above and anyone who will drive the vehicle on a regular basis.

If you have been previously insured under a Motor Traders policy please attach proof of any No Claim Bonus.

I agree that this application will be the basis of the contract of insurance between the insured persons and the insurers - St Helena Insurance Cell Captive. The answers given are all true and correct. I have not omitted or concealed any information that the insurers need to assess the risk.

Dated at _____

Signature _____

Please answer these questions regarding each of the vehicles specified overleaf:

Has the vehicle been modified in any way to provide increased performance?	Yes	No
Is it intended that the vehicle will be modified in this way in the future?	Yes	No
Has any electrical equipment not installed by the manufacturer been fitted?	Yes	No
Is it intended to install any extra electrical equipment, e.g. sound system?	Yes	No
Will the vehicle be used to carry passengers or goods for hire and reward?	Yes	No
Will the vehicle be used for any purpose for which payment will be made?	Yes	No

Please give full details below for any question answered "Yes"

Please answer these questions for each person named in the proposal and for anyone who will drive the vehicle regularly.

Do they have defective vision or hearing or any physical or mental infirmity?	Yes	No
Have they been charged with any driving offence in the past five years?	Yes	No
Have they had an motor claim in the past five years?	Yes	No
Have they ever been refused insurance or had special terms applied?	Yes	No

Please give full details below for any question answered "Yes"

Name	Details of defective vision hearing or physical or mental infirmity

Driving Offences, including any which have not yet been dealt with by the authorities:

Name	Date	Charge	Outcome

Accidents while driving a vehicle, whether resulting in a claim or not:

Name	Date	Brief details	Cost of repair

Details of action taken by insurers

Name	Date	Action taken by insurers