CG | UNITED

PROPOSAL FORM FOR INSURANCE
MOTOR INSURANCE (JOINT INSUREDS)

Please complete these Parts of the Proposal Form only if a Joint Insured is applicable.

PART 5 DETAILS OF JOINT INSURED

Full Name of Proposer/Company: _____

Martial Status: _____ Title: _____ Gender: _____

If a Company, State Full Legal Name: _____

If a Corporate Entity/Limited Liability Company, Part 7 must be completed for Commercial Clients/Insureds

Residential Address: _____

Mailing Address: _____

Date of Birth: _____ Country of Birth: _____ Nationality: _____

Dual Nationality? ☐ Yes ☐ No If Yes, please specify: _____

National ID No./Company's No.: _____ VAT No.: _____

Type of Photo Identification Provided: _____ Proof of Address Provided: _____

Contact Nos./Fax No.: (H) _____ (W) _____ (M) _____ (F) _____

Email address: _____

Employer's Name: _____

Employer's Address: _____

Occupation: _____ Nature of Duties: ☐ Full-time ☐ Part-time _____

Place of Business: _____

Annual Occupation Income (St. Vincent & The Grenadines Only): _____

Period You Require Insurance From: _____ To: _____

The term "Politically Exposed Person" applies to someone who currently has, or has had, a position of public trust (e.g., government official, senior executive of government corporations, politician, important political party official, etc.) or an individual who is closely related to/associated with such a person. Does this description apply to you? ..... ☐ Yes ☐ No

How long have you been continuously driving? _____ Driving Licence No.: _____

Original Issue Date (DD-MM-YY): _____ Expiry Date (DD-MM-YY): _____ Class/Type: _____

Have you had any driving convictions? ..... ☐ Yes ☐ No

If Yes, state details: _____

Has your licence ever been suspended or endorsed? ..... ☐ Yes ☐ No

Have you ever had insurance canceled/declined or special terms imposed? ..... ☐ Yes ☐ No

If you answered Yes, to any of the above questions, please state details: _____

_____

Are you entitled to a No Claim Discount from a previous insurer in respect of any of the vehicles to be insured? ..... ☐ Yes ☐ No

If Yes, please attach renewal notice or other proof.

How did you hear about us? ☐ Social Media ☐ Online Ads ☐ Website ☐ Radio ☐ TV
☐ Newspaper ☐ Other (please specify): _____

What is your preferred method for us to contact you in relation to your policy?
☐ WhatsApp ☐ Email ☐ SMS ☐ Mobile Phone ☐ Home Phone ☐ Work Phone

PART 6 DECLARATION OF JOINT INSURED

1. **Data Protection Declaration**: By signing this form, I confirm/understand that:

   - In order to administer the policy and plan CG United Insurance Ltd. may process any and all of the personal data provided.
   - I consent to CG United Insurance Ltd. processing my personal data, in accordance with CG United Insurance Ltd.'s Privacy Policy (https://international.cgcoralisle.com/privacy-policy/). For additional information on your rights and how to exercise them, please access or request this Policy.
   - I confirm that any personal data I provide to CG United Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG United Insurance Ltd. processing of their personal data.
   - I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
   - I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Client Name _____ Signature _____ Date _____

2. Please read the following Declaration very carefully and read again the questions and answers especially if not completed in your own hand, before signing the form.

   I/We declare that to the best of my/our knowledge and belief the above answers are true and correct.

   I/We declare that all material particulars affecting the assessment of the risk have been disclosed and that the vehicle(s) is/are in a sound and road-worthy condition.

   I/We agree that this Proposal and Declaration shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract.

3. **Source of Funds Declaration**: Please explain the source of funds for payment of premium(s). The source of funds refers to the origin of the funds or other assets utilised for the payment of premiums or any other transaction between CG United Insurance Ltd. and the prospective customer. Examples of source of funds include salary/bonus, inheritance, maturity/surrender of a Life Insurance Policy, sale of property, pension, etc.

   Source of Funds: _____

   _____

Name of Proposer (Please print) _____

Signature _____ Date _____