

EXHIBIT 1:

DECLARATION FORM

THIS FORMS PART OF YOUR CONTRACT, READ ALL THE TERMS CAREFULLY

Hirer's Full name

Date of Birth: dd/ mm/ yy/

Permanent Address:

Address in Barbados:

Occupation:

State full purpose for which vehicle will be used:

Will the vehicle solely be driven by you? If not, state name and age of the other driver

How long have you and any such person (other driver) been driving motor vehicles continuously?

Have you or any such person (other driver) had an accident or loss during the last three years in connection with any motor vehicle? If so, give details

Have you or any such person (other driver) been convicted during the past five years of any offense in connection with any motor vehicle?

Have you or any such person (other driver) a valid driver's license free from endorsement?

To the best of your knowledge and belief, do you or does any such person (other driver) suffer from any physical infirmity or defective vision or hearing?

Are you or is any such person (other driver) now insured in respect of any motor vehicle? If so, please state the name of the company or underwriter.

Have you or any such person (other driver) previously been insured in respect of any motor vehicle? If so, please state name of company or underwriter

Has any company or underwriter in connection with motor insurance for you or any such person at any time:

A Declined any proposal?

B Imposed an excess (deductible) over and above the normal?

C Required an increased premium or imposed special conditions?

D Refused to renew any policy? Cancelled any policy

We hereby warrant the above particulars and statements to be true. Dated this day of 20....

HIRER'S SIGNATURE: _____