NAFICO
INCORPORATED IN GUYANA

NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED

HEAD OFFICE: 30/31 Regent & Hinck Streets, Georgetown.
MOTOR DIVISION: 189 Charlotte Street, Lacytown, Georgetown.

PROPOSAL FOR MOTOR VEHICLE INSURANCE

POLICY NO. 1014006589

IMPORTANT: All questions must be fully answered. Please use block capitals and tick appropriate boxes.

1. Full Name of Proposer (Mr/Mrs/Ms/Rev Etc.) Latoya Bishop ? Adrene Mc Almont Sex M ☑
2. Address Lot 7 Manchester Village Courtyne ? Lot 188 Campbellville Housing Scheme D.O.B. 1994/07/30 1971/11/11
3. Email Address - Cell No. 610 9069 Tel. No. 695 0269
4. Occupation/Trade/Business Dispatcher ? Proprietor Marital Status M S D
5. Employer Country Cab Taxi Service
6. Address Same as previous address Telephone No.

Vehicle Make & Exact Model	Registration No.	Engine No.	Chassis No.
1. Toyota Fielder	-	-	NZE161-7016008
2.			

Engine Size Cc/Hp	Seating Cap. Inc. Driver	Weight	Year of Manufacture	Present Value	Date of Purchase	Price Paid
-	-	-	-	$3,250,000		

6. Is the vehicle:

	VEHICLE 1		VEHICLE 2	
(a) Left hand or right hand drive?	LHD ☐	RHD ☑	LHD ☐	RHD ☐
(b) Modified or tuned?	YES ☑	NO ☐	YES ☐	NO ☐
(c) In a good state repair?	YES ☑	NO ☐	YES ☐	NO ☐
(d) Subject to any hire purchase or other financing agreements?	YES ☐	NO ☐	YES ☐	NO ☐

If yes to any of the above give details

(e) New, second-hand or reconditioned? 1. N☐ SH☐ REC☐ 2. N☐ SH☐ REC☐

7. Give details of all accessories:
8. Who will be the main user? VEH 1 Policyholders VEH 2
9. Who is the registered owner? VEH 1 Policyholders. VEH 2
10. Where is the vehicle normally garaged? At policyholders resident ? other locations
11. What security devices are fitted to the vehicle?

PLEASE INDICATE THE TYPE OF COVER REQUIRED BY TICKING THE APPROPRIATE BOX

Comprehensive First Loss	Comprehensive Full Loss	Third Party A B C D	Third Party Fire & Theft	Third Party Act	Additional Benefits
☐	☑	☐ ☐ ☐ ☐	☐	☐	

12. Do you have any other type of insurance with this Company? YES ☑ NO ☐ If yes, give particulars: See Records
13. If you now hold or have held insurance for a motor vehicle please give: Name of Insurer: Nafico
Expiry date of the policy: See Records
14. Are you entitled to any no claim bonus on your previous policy on the vehicle to be insured? If so please state percentage and attach evidence. -

15. Will the vehicle(s) be used for

	VEHICLE 1	VEHICLE 2
a) Social, domestic and pleasure purposes?	Yes☑ No☐	Yes☐ No☐
b) Your own personal business use?	Yes☐ No☑	Yes☐ No☐
c) Commercial traveling, carriage of goods, hire and reward or Motor Trade purposes?	Yes☐ No☑	Yes☐ No☐
d) Carriage of passengers for hire or reward?	Yes☐ No☑	Yes☐ No☐

If yes for (b) to (d) above please give details _____

16. To whom do you require driving to be limited?

- Yourself ~~only~~ ☑
- Yourself and one other driver ☐
- Yourself and two other drivers ☐
- Any licenced driver ☑

17. Please give details of all persons including yourself who will or may drive

	Full Name	Date of Birth	Occupation	Number & Type of Licence	Date Issued / Renewed	Date of Expiry
Main Drivers	Any authorized licensed drive with Policyholder's permission.					
Others						

I/We _____ do not wish to be covered as insured _____ drivers.

18. Have you or any other person who will drive the vehicle

a) been involved in a motor accident or claim during the last 3 years? ..... Yes☐ No☑

b) been convicted of any motoring offence or had a driver's licence suspended within the last 5 years or is any prosecution(s) pending? ..... Yes☐ No☑

c) been convicted on any offence(s) involving dishonesty of any kind e.g. fraud, theft, arson, or handling stolen goods? ..... Yes☐ No☑

d) any physical or mental defect or infirmity, e.g. diabetes, epilepsy, or heart complaint, defective vision or hearing? ..... Yes☐ No☑

e) had a proposal declined, a policy cancelled or renewal refused, or been required to pay an increased premium or had special conditions imposed by any motor insurer? ..... Yes☐ No☑

f) been resident in Guyana for less than 3 years? Yes☐ No☑

If you have answered yes to any of these questions please give full details.

INDICATE TYPE OF THIRD PARTY COVERAGE REQUIRED. **(THIRD PARTY '_____' COVER**

With effect from ..... I fully understand and hereby agreed that:-

1. The Company's liability in respect of **death or bodily injury** to Third Parties where such liability is covered by the policy is limited to $_____:- arising out of any one claim by one person and $_____:- arising out of the total claims for any one accident.

2. The Company's liability in respect of **damage to property** to Third Parties where such liability is covered by the policy is limited to $_____:- arising out of any one claim by one person and $_____:- arising out of the total claims for any one accident.

Signature of Proposer(s) LatoyaBishop

SUM INSURED AND COMPULSORY EXCESS

With effect from 2026/11/16 I fully understand that the ***SUM INSURED*** under the above policy is $ 3,250,000 and the ***COMPULSORY EXCESS*** is $ 162,500.

I/We agree to bear the first $ 162,500 **(compulsory excess)** of any claim I make under my policy.

AVERAGE

I hereby agree that ~~if my~~ Motor Vehicle shall at the time of any loss or damage for which indemnity is provided under Section 1 be of greater value than- ~~the~~ Sum Insured of $, then I shall be considered as being my own Insurer for the difference and shall bear a ~~ratable~~ proportion of the amount of such loss or damage accordingly and every item insured shall be separately subject to this condition.

I also agree that **NAFICO** shall have the right to appoint an Independent Valuator of its ~~choice~~ to determine the value of the vehicle at the time of any loss or damage.

ASSIGNMENT

Referring to my application for Comprehensive cover on ~~vehicle~~ chassis no NZE161-7016008 I have to inform you that this vehicle is bought under a hire purchase Loan Agreement with B.M. Soat Auto Sales and the said Latoya Bishop & Adrene McAlmont will remain the owner of the said vehicle for the life of this Agreement. I shall be pleased if your Company will endorse this Policy as follows:-

It is hereby understood and agreed that B.M. Soat Auto Sales **(Hereinafter referred to as the Owner)** is the Owner of the said Motor vehicle described in the Schedule hereto and that the said Motor vehicle is the subject of a Hire Purchase/Loan Agreement made between the Owner of one part and the Assured of the other part and it is further understood and agreed that the said Owner is interested in any monies which, but for this endorsement would be payable to the Assured under this Policy in respect of loss or damage t to the said Motor vehicle (which loss or damage is not made good by repair, reinstatement or replacement, such monies shall be a full and final discharge to the Company in repect of such loss or damage).

Save as by this endorsement expressly agree nothing herein shall modify or affect the rights or liabilities of the Assured of the Company respectively under or in connection with this policy or any condition or term thereof.

Signature of Proposer(s) Latoya Bishop A. McAl

PREMIUM

I hereby understand that ~~I have paid the sum~~ of $ being insurance for the period of months. I understand that in the event of a Partial Loss ~~I have to pay~~ the remaining balance of $ I understand that in the event of a Total Loss I have to pay the remaining balance of $. I further agree and understand that **NO CLAIM(S)** will be paid by **NAFICO** unless the amount outstanding is paid.

Period of Cover: ~~A Semi~~- Annual **From:** 2026/11/16 **To:** 2027 ~~05~~ 11/15

DECLARATION

I/We desire to effect insurance with the **NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED** and declare that the Motor Vehicle(s) described in the above proposal is/are and shall be kept in good condition. I/We hereby warrant that the answers and particulars given are in every respect true and correct to the best of my/our knowledge and belief and that I/We have not suppressed, misrepresented or misstated any material fact.

I/We agree that this Proposal and Declaration shall be the basis of the insurance contract which shall be subject to the terms and conditions of the policy to be issues in answer too this proposal. I/We undertake that the vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused Motor Vehicle Insurance or continuance thereof.

Signature of Proposer Latoya Bishop A. McAl **Date** 2026/11/16

ID/Passport/Driver's Licence 100000364440 & 100000466311

No insurance is in force until the proposal has been accepted by the Company and the premium, or a deposit paid, except as provided by an official Cover Note issued by the Company.

THE NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED

Other Remarks:

FOR OFFICE USE ONLY

Registration Seen Yes/No	Receipt of Sale Seen Yes/No
Bad Records Book Checked Yes/No	Import Documents Seen Yes/No
Sales Representative	
Remarks Details confirmed with Akeela @ Nafico.	

Notes

Premium	Annual	Semi-Annual
Gross Premium	~~$135,043.75~~ $146,250	
Loadings		
Discounts 5% Fleet (7313)		
10% Upfront (13,844)		
+ Vip Ext.	12,000	~~+12,000 VIP~~
Net Premium	$137,043.75	~~$68,521.87~~

COMPUTER UPDATE

Details:
Date Entered:
Entered By:
Checked By:
Date Checked:

Policy	**Date**
Prepared By:	
Checked By:	
Authorised Signature:	

Completed By: ~~Zaeeh~~

Accepted By:

Date: 2026/11/16

Time:

NORTH AMERICAN FIRE & GENERAL INSURANCE COMPANY LIMITED
30-31 REGENT AND HINCK STREET, GEORGETOWN. TEL # 227-0440-3,
227-8717, 226-9325 FAX: 226-8550

CUSTOMER VERIFICATION FORM - INDIVIDUAL

IDENTIFICATION DETAILS

Full Name ..Latoya Bishop.....

Title: Mr. ☐ Mrs. ☐ Ms. ☑ Other: ☐ Please state ..... Date of Birth ..1994../..07../..30.....

Place of Birth:.....Guyana..... Nationality: ....Guyanese.....

Marital Status: Single ☑ Married ☐ Divorced ☐ Common Law ☐ Widow(er) ☐

State Beneficiary Name, Address & Relation to customer:

.....

.....

Tax Identification Number (TIN)..116062758.....

Proof of identity: Please tick at least one (1) form of identification that will accompany this form and supply ID number.

☐ National Identification Number ..... ☐ Passport Number .....

☑ Driver's License Number ..100000036440..... ☐ Other (Please Specify): .....

CONTACT DETAILS

Home Address:

Lot 7 Manchester Village Corentyne, Berbice

Mailing Address (If different from above):

Same as home address

Contact Number: Home ..... Work ..... Cell 610-9069

Email Address.....

Proof of address (No older than 6 months): Utility Bill ☐ Bank Statement ☐ Other ☑ License

EMPLOYMENT DETAILS

Occupation / Principal Business Activity: ...Dispatcher.....

Employer Name / Business Name: .....Country Cab Taxi Service.....

Employer / Business Address: .....

SOURCE OF FUNDS

Origin of the money paid to the policy is: .....Income.....

Expected level of activity (Average annual sum expected to be paid on the policy):

.....$ 131,044.....

I do hereby declare that the above answers are true.

Date ..2026/11/16..... Customer Signature..LatoyaBishop..... Authorised Official's Signature .....

FOR OFFICE USE ONLY

Policy # .....

Branch/Agent/Broker.....

Type of Transaction: Motor ☐ Property ☐

Sum Insured..... Annual Premium.....

Transaction Accepted: Yes ☐ No ☐

Reason for Declinature.....

Transaction taken by:.....

Name: .....

Position: .....

Signature.....

Date:.....

NORTH AMERICAN FIRE & GENERAL INSURANCE COMPANY LIMITED
30-31 REGENT AND HINCK STREET, GEORGETOWN. TEL # 227-0440-3,
227-8717, 226-9325 FAX: 226-8550

CUSTOMER VERIFICATION FORM - INDIVIDUAL

IDENTIFICATION DETAILS

Full Name: Adrene Mc Almont

Title: Mr. ☐ Mrs. ☐ Ms. ☑ Other: ☐ Please state ..... Date of Birth: 1971 / 11 / 11

Place of Birth: Guyana Nationality: Guyanese

Marital Status: Single ☐ Married ☑ Divorced ☐ Common Law ☐ Widow(er) ☐

State Beneficiary Name, Address & Relation to customer:

—

Tax Identification Number (TIN): 111214134

Proof of identity: Please tick at least one (1) form of identification that will accompany this form and supply ID number.

☐ National Identification Number ..... ☐ Passport Number .....

☑ Driver's License Number: 1000004063 11 ☐ Other (Please Specify): .....

CONTACT DETAILS

Home Address:
Lot 188 Campbellville Housing Scheme Georgetown

Mailing Address (If different from above):
Same as Home Address

Contact Number: Home - Work - Cell 695-0269

Email Address: -

Proof of address (No older than 6 months): Utility Bill ☐ Bank Statement ☐ Other ☑ License

EMPLOYMENT DETAILS

Occupation / Principal Business Activity: Proprietor

Employer Name / Business Name: Self - Employed

Employer / Business Address: -

SOURCE OF FUNDS

Origin of the money paid to the policy is: Income

Expected level of activity (Average annual sum expected to be paid on the policy):
$137,044

I do hereby declare that the above answers are true.

Date: 2026/11/16 Customer Signature: [signature] Authorised Official's Signature .....

FOR OFFICE USE ONLY

Policy # .....

Branch/Agent/Broker.....

Type of Transaction: Motor ☐ Property ☐

Sum Insured..... Annual Premium.....

Transaction Accepted: Yes ☐ No ☐

Reason for Declinature.....

Transaction taken by:.....

Name: .....

Position: .....

Signature.....

Date:.....

ARROWTEN
BE AHEAD.

NALICO
NAFICO

RESCUE: AT Car Breakdown and Roadside Assistance Cover

Membership Registration FORM

Membership Number	

Name	Latoya Bishop
Car Registration (Chassis)	NZE161-7016008
Car Type	Toyota Fielder
Email address	-
Phone number	610-9069
Date of Birth	30th July, 1994
ID Card Number	
Gender	Female
Address	Lot 7 Manchester Village Corentyne, Berbice.
Company	Nafico
Medical Conditions	None
Next of Kin Name	Junior McAlmont
Next of Kin Phone Number	657-3377
Membership Join Date	16th November, 2026
Membership End Date	15th November, 2027
Insurance Type	Comprehensive
Insurance Start Date	16th November, 2026
Insurance End Date	15th November, 2027
Signature	Latoya Bishop

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ARROWTEN
BE AHEAD.

NALICO
NAFICO

RESCUE: AT Car Breakdown and Roadside Assistance Cover

Membership Registration FORM

Membership Number

Name	Adrene Mc Almont
Car Registration (Chassis)	NZE161-7016008
Car Type	Toyota Fielder
Email address	-
Phone number	695-0269
Date of Birth	11th November, 1971
ID Card Number	
Gender	Female
Address	Lot 188 Campbellville Housing Scheme, Georgetown.
Company	Nafico
Medical Conditions	None
Next of Kin Name	Junior Mc Almont
Next of Kin Phone Number	657-3377
Membership Join Date	2026/11/16
Membership End Date	2027/11/15
Insurance Type	Comprehensive
Insurance Start Date	16th November, 2026
Insurance End Date	15th November, 2027.
Signature	A. Mc Almont

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REPUBLIC OF GUYANA
DRIVER LICENCE

Latoya Alia Bishop

Lot 7 Manchester Village Corentyne Berbice



Eye Colour	Height	Sex	Date of Birth
BROWN	167	F	JUL 30 1994

Issue Date	Expiry Date	First Issue Date
JUL 30 2025	JUL 30 2030	JUL 30 2025

Classes MC

Place of Issue LRO-SMYTHE

TIN 116062758

REPUBLIC OF GUYANA
DRIVER LICENCE

Adrene Ann Mc Almont

188 Campbellville Housing Scheme Georgetown



Eye Colour	Height	Sex	Date of Birth
BROWN	167	F	NOV 11 1971

Issue Date	Expiry Date	First Issue Date
DEC 11 2025	NOV 11 2030	DEC 12 2011

Classes MV, MC

Place of Issue LRO-CAMP

TIN 111214134