

APPLICATION FORM

APPLICANT INFORMATION

Full Name: _____ *ID number* _____ *Date of birth* _____
Date: _____

Address: _____

City: _____ **State/Province:** _____ **Postal Code:** _____

Phone Number: _____ **Email:** _____

Driver's License Number: _____

VEHICLE INFORMATION

Vehicle Make: _____ **Model:** _____

Year: _____ **VIN (Vehicle Identification Number):** _____

Current Odometer Reading: _____ miles/kilometers

Registration Number/License Plate: _____

Transmission Type:

- ☐ Manual
- ☐ Automatic
- ☐ CVT (Continuously Variable Transmission)
- ☐ DCT (Dual Clutch Transmission)
- ☐ Other (please specify): _____

Gearbox Manufacturer (if known): _____

Gearbox Serial Number (if known): _____

VEHICLE HISTORY

Date of Purchase: _____

New or Used at Purchase:

- ☐ New
- ☐ Used

If used, previous owner count (if known): _____

Has the vehicle's gearbox ever been repaired or replaced?

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, please provide details including dates and nature of repairs:

Has the vehicle been used for any of the following? (Check all that apply)

- ☐ Personal/Family Use Only
- ☐ Business/Commercial Use
- ☐ Ride Sharing Services (Uber, Lyft, etc.)
- ☐ Racing or High-Performance Driving
- ☐ Off-Road Driving
- ☐ Towing

Vehicle Service History:

- ☐ Complete dealer service history available
- ☐ Partial service history available
- ☐ No service history available

Date of last transmission/gearbox service or fluid change: _____

Acknowledged Monthly fee: _____

ADDITIONAL INFORMATION

How did you hear about our gearbox insurance?

Please provide any additional information you believe is relevant to your application:

DECLARATION

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the denial of claims or cancellation of the policy.

I also authorize gearbox insurer to obtain any necessary vehicle records, service history, or other information required to process this application.

Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Application Received By: _____ **Date:** _____

Application ID: _____

Vehicle Inspection Required:

- ☐ Yes
- ☐ No

Notes:

Please submit this form along with copies of the following documents:

1. *Vehicle Registration*
2. *Driver's License / ID copy*
3. *Vehicle Service Records (if available)*
4. *Previous Gearbox Repair Records (if applicable)*