



Government of Puerto Rico  
**OFFICE OF THE COMMISSIONER OF INSURANCE**

August 13, 1997

NORMATIVE LETTER NO. N-C-8-88-97

**TO ALL INSURERS AUTHORIZED TO TRANSACT  
VEHICLE INSURANCE IN PUERTO RICO  
(English Version)**

Re: Application for the Compulsory Liability Insurance

Ladies and Gentlemen:

Act. No. 253 of December 27, 1995, establishes a compulsory liability insurance program applicable to motor vehicles that travel on our public roadways and imposes on the Commissioner of Insurance the responsibility of overseeing the observance and compliance of its provisions.

To this effect, we enclose a model copy of the declarations page for the compulsory liability insurance that the Technical Committee that advises us in the implementation of the aforementioned program has designed and recommended for the soliciting of said insurance. This model should serve as a guide to the insurers in the design of their respective application forms. We understand that the information contained in the accompanying application model is the minimum information that the insurers must request. However, if you wish to alter the suggested model, you must submit to our Office, for prior approval, your revised form.

For any questions or doubts pertaining to the form being referred to, please contact Ms. Cristina M. Morán, Advisor to the Commissioner of Insurance in matters relating to the Compulsory Liability Insurance Program, through telephone number 722-8686, extensions 2269 or 2270.

Sincerely,

A handwritten signature in dark ink, appearing to read "Juan Antonio García". The signature is fluid and cursive, written over a light background.

Juan Antonio García  
Commissioner of Insurance

Enclosure

**INSURER'S NAME**  
**(Herein designated as the Company)**  
**Insurer's Address**

**APPLICATION FOR THE COMPULSORY LIABILITY INSURANCE**  
**Please complete an application for each vehicle for which the Compulsory Liability Insurance is requested.**

**Part I.**

INFORMATION PERTAINING TO THE VEHICLE OWNER APPLYING FOR THE INSURANCE AND THE VEHICLE FOR WHICH COVERAGE IS REQUESTED					
Period for which the Compulsory Liability Insurance is requested.					
Effective Date: <u>    </u> / <u>    </u> / <u>    </u> Mo. Day Yr.			Expiration Date: <u>    </u> / <u>    </u> / <u>    </u> Mo. Day Yr..		
Father's Last Name		Mother's Last Name		Name	Middle Initial
Social Security Number		Driver's License Number	Driver's License Expiration Date		Phone Number
Street Address:	Street and Number	Sector	Town or City	State	Zip Code
Mailing Adress:	P. O. Box	Rural RT	Highway Contract (HC)	Town or City	State Zip Code
Make and Model	Year	Serial Number (VIN)	License Plate Number	Effective date of the vehicle's license	Registration Number
				Mo. / Yr. to Mo. / Yr. / to /	
Classification of the Vehicle according to the Department of Transportation and Public Works:					
Private Passenger _____		Commercial _____		Other _____	

**Part II.**

INFORMATION PERTAINING TO THE PRINCIPAL OPERATOR, IF DIFFERENT FROM THE OWNER OF THE VEHICLE					
Father's Last Name		Mother's Last Name		Name	Middle Initial
Social Security Number		Driver's License Number	Driver's License Expiration Date		Phone Number
Mailing Adress:	P. O. Box	Rural RT	Highway Contract (HC)	Town or City	State Zip Code
Street Address:	Street and Number	Sector	Town or City	State	Zip Code
Relationship with the owner of the vehicle					

(See back)

**Part III.**

1. ¿Has the owner of the vehicle or its principal operator, accumulated five or more points, during the last three years, on account of violations to the Puerto Rico Vehicle and Traffic Act? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_
2. ¿Has the driver's license of the owner or the principal operator of the vehicle been suspended or revoked? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_
3. ¿Is the vehicle used as a public conveyance? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_
4. ¿Is the vehicle a racing or high performance auto? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_
5. ¿Has the owner or the principal operator of the vehicle ever incurred in drunken driving, operated a vehicle under the effects of drugs or participated in any type of racing activity on public roadways? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

If any of the above questions was answered affirmatively, please explain in the space below.

---

---

---

**Part IV.**

APPLICANT'S DECLARATION: I hereby declare that I have read this application and that according to the best of my knowledge and belief, the statements herein made are true and are offered with the purpose of having the Company issue the policy that I am requesting, and I appoint \_\_\_\_\_ as my insurance agent or broker, as the case may be.  
(Print name)

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(Mo./ Day/Yr.)

PRODUCER'S DECLARATION: I certify that to the best of my knowledge and belief I have personally met the applicant and that the applicant's signature in this application is her (his) personal signature.

Producer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(/Mo./ Day/Yr.)