



BAHAMAS FIRST

General Insurance Company Limited

Motor Insurance Questionnaire

Particulars of Driver

Please give a definite reply to each question on the form

Policy Holder:

Policy No.:

Renewal Date:

All questions must be answered fully. Dashes are not sufficient.

1. Full Name: _____ Date of Birth: _____

2. Full address: _____

3. Business or Occupation: _____

4. Have you resided in the Bahamas for the past four (4) consecutive years? _____

If not, give details: _____

5. (a) Period of recent driving experience in The Bahamas? _____

(b) How long have you been driving the type of vehicle to which the insurance relates? _____

(c) State type of driving license held? _____

(d) Date of passing driving test. _____

6. Do you suffer from defective vision or hearing (not corrected by spectacles or hearing aid), or from any physical or mental disability or disease? _____

If yes, give details: _____

7. Have you

(a) Had any accident or loss during the past four (4) years whether covered by insurance or not? _____

If yes, give the following details:

Date	Cost and Circumstances

(b) Had any convictions in the past four years, or is any prosecution pending for any offence in connection with a motor vehicle? _____

If yes, give details: _____

8. Have you been or are you now insured with respect to any vehicle? _____

If yes, please state name/address of Insurers

and policy no. or certificate number: _____

9. Have you been refused insurance at normal rates and terms during the past four (4) years? _____
If yes, give details: _____

**10. State full all purposes for which you intend to use
the vehicle to which the insurance relates: _____**

Declaration:

I warrant that the above statements made by me or on my behalf are true and complete and that nothing materially affecting the risk has been concealed by me.

Signature (of additional driver): _____ Date: _____

Declaration:

I/WE warrant that to the best of my/our knowledge the above statements are true and correct and that there is no other material fact which should be disclosed. I/WE agree that this Declaration shall, in conjunction with my/our original proposal, be incorporated in and taken as the basis of the contract between me/us and the Insurer.

Signature (of policyholder): _____ Date: _____