

**BAHAMAS FIRST GENERAL INSURANCE COMPANY LIMITED** **COMMERCIAL VEHICLE PROPOSAL**

AGENCY: \_\_\_\_\_

UNDERWRITER: \_\_\_\_\_

**PLEASE GIVE A DEFINITE REPLY TO EACH QUESTION ON THE FORM**

It is an offence under the Road Traffic Act to make any false statement or withhold any material information to obtain a Certificate of Motor Insurance

The liability of the Insurers does not commence until the acceptance of the Proposal has been formally intimated by the Insurers.

**YOU THE PROPOSER**

1. Full Name (Mr/Mrs/Miss)

2. Address for correspondence

Telephone Nos.

P. O. Box	Your e-mail address
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Work	Home	Cell
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3. Occupation/Trade/Business/Profession

4. What type of coverage do you require?

Comprehensive  Third Party Fire & Theft  Third Party only  Act 

Comprehensive cover includes windshield/glass breakage and windstorm and flood perils

5. Do you require cover for Riot & Strike (only available with comprehensive) Yes  No **6. YOUR VEHICLE (S)**

Serial or Chassis Number	Make and Model	Seating Capacity	Type of Body	Engine Size	Year of Make	Date of purchase	Price paid by you	Estimate of present value

7. Do you own the vehicle and is it registered in your name?	Yes	No	If 'No' Explain
8. Is the vehicle the subject of a loan?	Yes	No	If 'Yes' Bank: Branch:

9. If the vehicle is used for the carriage of goods

(a) What is their general nature? \_\_\_\_\_

(b) Do you undertake cartage for other persons? \_\_\_\_\_

(c) Has the vehicle been altered or adapted to carry a load heavier than that stated in the maker's published specification? \_\_\_\_\_

(d) Will the vehicle be used to carry a load heavier than the maker's maximum carrying capacity? \_\_\_\_\_

10. If the vehicle is used for carrying passengers

(a) Do you wish to insure your liability for the carriage of passengers? \_\_\_\_\_  
(cover cannot be provided in respect of liability of any person engaged in or upon the service of the proposer at the time of sustaining an injury)

(b) Are the passengers carried for hire or reward? \_\_\_\_\_

(c) Is the vehicle used for public service? \_\_\_\_\_

(d) What is the maximum number of passengers likely to be carried at any one time and for what purpose? \_\_\_\_\_

11. Give particulars of any accidents or losses during the past 36 months in connection with any motor vehicle owned by you or driven or used by you or the principal driver, including the vehicle which is the subject of this proposal. All accidents and losses must be included whether insured or uninsured and whether resulting in a claim or not.

Date	Cost (paid or estimate)	Nature of Payment (e.g. own damage, Third Party)	Brief details of the incident

**IF THERE HAVE BEEN NO ACCIDENTS OR LOSSES, PLEASE WRITE "NONE" HERE**

**DRIVERS**

Driving will be restricted to persons named in your policy unless otherwise stated

12. Give details of yourself and all others

Full Name, Middle initial and surname	Occupation (If more than one, give details of each)	Date of Birth	Bahamian Driver's Licence Number	How Long has such licence been held?	Have you been driving regularly during the past 12 months? If no explain
Yourself					

13. Are you now, or have you been insured in respect of any motor vehicle?		If 'Yes', state:
Present Insurer and Policy Number	Past Insurer and Policy Number (If applicable)	
14. If entitled to No Claims Discount from previous insurers, state number of years entitlement - <b>and attach renewal notice or other confirmation of entitlement</b>		

15. To the best of your knowledge or belief do you, or does any other person who to your knowledge will drive have

- (a) (i) defective vision or hearing? \_\_\_\_\_
- (ii) now, or within the last 5 years, suffered from diabetes, fits or any complaint of the heart? \_\_\_\_\_
- (iii) any other physical or mental infirmity? \_\_\_\_\_  
If so, give details \_\_\_\_\_
- (b) been convicted of any offence in connection with the driving of any motor vehicle? \_\_\_\_\_  
If so, state date and nature of penalty \_\_\_\_\_

16. Has any Insurer in respect to yourself or any other person who will drive ever:

- (a) declined a proposal or cancelled or refused to renew a policy? \_\_\_\_\_
- (b) required an increased premium or imposed special conditions? \_\_\_\_\_
- (c) required you or such persons to carry the first amount of any loss? \_\_\_\_\_  
(in addition to any compulsory excess)

Signature	Date
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**DECLARATION**

(N. B. Please read the following declaration very carefully, and read the questions and answers, especially if not completed in your own hand, before signing the form.)

I/We declare that to the best of my/our knowledge and belief:-

- (a) the above answers and the answers on the Additional Vehicle Proposals (if any) are true.
- (b) all material particulars affecting the assessment of risk have been disclosed
- (c) the vehicle (s) is/are in a sound and road worthy condition

I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers and shall be deemed to be incorporated in such contract.

I/We undertake that the vehicle (s) to be insured shall not be driven by a person who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof.

Date \_\_\_\_\_ 20 \_\_\_\_\_

Proposer's Signature \_\_\_\_\_

FOR OFFICE USE ONLY	
Premium quoted:-	Gross \$ _____
	Load % _____
	NCD % _____
	Net _____