

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)

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2. Address for correspondence

Telephone Nos.

| | | | | |
|-----------|---------------------|------|------|------|
| P. O. Box | Your e-mail address | Work | Home | Cell |
|-----------|---------------------|------|------|------|

3. Occupation/Trade/Business/Profession

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4. What type of coverage do you require?

Comprehensive Third Party Fire & Theft Third Party only Act

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

5. Do you require coverage for Riot & Strike (only available with comprehensive) Yes No

6. YOUR CAR (s)

| Serial or Chassis Number | Make and Model | Seating Capacity | Type of Body eg. Sedan, Convertible, etc. | Engine Size | Year of Make | Date of purchase | Price paid by you | Estimate of Present value |
|--------------------------|----------------|------------------|--|-------------|--------------|------------------|-------------------|---------------------------|
| | | | | | | | | |
| | | | | | | | | |

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

9. Full name and address of vendor of vehicle (attach copy of Bill of sale or Certificate of title where an import)

| Name: Address: Phone Contact (s): Business: Home: Cell: Date Purchased: | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Purchases Price</th> </tr> </thead> <tbody> <tr> <td style="width:30%;">US\$ or Bahamian \$</td> <td> </td> </tr> <tr> <td>Duty & Freight (where applicable)</td> <td> </td> </tr> <tr> <td>Other expenditure (where applicable)</td> <td> </td> </tr> </tbody> </table> | Purchases Price | | US\$ or Bahamian \$ | | Duty & Freight (where applicable) | | Other expenditure (where applicable) | |
|---|---|-----------------|--|---------------------|--|-----------------------------------|--|--------------------------------------|--|
| Purchases Price | | | | | | | | | |
| US\$ or Bahamian \$ | | | | | | | | | |
| Duty & Freight (where applicable) | | | | | | | | | |
| Other expenditure (where applicable) | | | | | | | | | |

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|---------------------------|----|--|
| Your estimate of value \$ | \$ | Where different from above, Please provide full explanation. |
|---------------------------|----|--|

10. 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 motor cycle 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

11. 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 | | | | | |
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| 12. 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) | |
| 13. If entitled to No Claims Discount from previous insurers, state number of years entitlement - and attach renewal notice or other confirmation of entitlement | | |

14. 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 _____

15. 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 |
|-----------|------|

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 _____ |