PRIVATE MOTOR PROPOSAL

PLEASE COMPETE THE ATTACHED FORM COMPLETELY IN ORDER FOR US TO PROVIDE THE PROPER COVER.

REPLACE THE "NOT APPLICABLE" TEXT IN THE FIELDS WITH YOUR ANSWERES OR STATEMENTS BY PRESSING DELETE ON THE HIGHLIGHTED TEXT IN THE FORM FIELD THEN TYPING.

WHEN THE FORM IN COMPLETE, SELECT THE "SAVE" TAB AT THE BOTTOM LEFT OF THE FORM TO SAVE A COPY FOR YOUR RECORDS THEN SELECT THE "SUBMIT" BUTTON TO EMAIL THE FORM TO US VIA YOUR EMAIL CLIENT.

ALTERNATIVELY, YOU CAN EMAIL US YOUR SAVED COPY AS AN ATTACHMENT.

SHOULD WE REQUIRE ANY ADDITIONAL INFORMATION, WE WILL CONTACT YOU AND IF NEEDED AMMEND THE FORM SENDING YOU THE COMPLETED COPY TO SIGN VIA "RIGHT SIGNATURE" – A ELECTRONIC SIGNATURE SERVICE.

SIGNING VIA RIGHTSIGNATURE

1. OPEN EMAIL AND SELECT "REVIEW & SIGN DOCUMENT".
2. ACCEPT THE "ELECTRONIC SIGNATURE DISCLOSURE".
3. SCROLL DOWN THE DOCUMENT TO REVIEW.
4. WHEN FINISHED, CLICK ON THE SIGNATURE PAD & SIGN THE DOCUMENT.
5. SELECT SUBMIT SIGNATURE.

YOUR WILL RECEIVE A COPY OF THE SIGNED FORM VIA EMAIL FOR YOU RECORDS.

Thank you for choosing Abaco Insurance Agency!

RoyalStar Assurance

PRIVATE VEHICLE PROPOSAL FORM

Before completing this Proposal please note specially that failure to disclose all material information i.e. information which is likely to influence the acceptance of the risk and the terms applied, could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed. PLEASE ALSO READ THE IMPORTANT NOTICE AT THE END OF THIS PROPOSAL.

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.

(For office Use only)

ID:

TODAYS DATE:

INSURER:

UNDERWRITER:

POLICY NO.

PROPOSER PREFIX:

PROPOSER FIRST NAME:

PROPOSER MIDDLE INITIAL:

PROPOSER LAST NAME:

PROPOSER SUFFIX:

COMPANY NAME:

ADDRESS:

ADDRESS:

ADDRESS:

ADDRESS:

ADDRESS

PHONE:

PHONE:

PHONE:

EMAIL:

EMAIL:

TAX ID:

PROPOSER DATE OF BIRTH:

PROPOSER NATIONAL INSURANCE ID:

PROPOSER DRIVERS LICENSE ID:

PROPOSER OCCUPATION:

VEHICLE 1 - MAKE/MODEL/SERIAL NUMBER/ENGINE SIZE:

Vehicle Identification NO.:

What is the color of the vehicle?

Current Milage:

Please State Loss Payee?

Where was the vehicle purchased?

Current Value: (Please provide Bill of Sale and Customs documentation if an import)

Where will the vehicle be parked?

On which Island will it be kept?

Plate No.:

What is the seating capacity?

VEHICLE 2 - MAKE/MODEL/SERIAL NUMBER/ENGINE SIZE:

Vehicle Identification NO.:

What is the color of the vehicle?

Current Milage:

Please state Loss Payee?

Where was the vehicle purchased?

Current Value: (Please provide Bill of Sale and Customs documentation if an import)

Where will the vehicle be parked?

On which Island will it be kept?

Plate No.:

What is the seating capacity?

VEHICLE 3 - MAKE/MODEL/SERIAL NUMBER/ENGINE SIZE:

Vehicle Identification NO.:

What is the color of the vehicle?

Current Milage:

Please state Loss Payee?

Where was the vehicle purchased?

Current Value: (Please provide Bill of Sale and Customs documentation if an import)

Where will the vehicle be parked?

On which Island will it be kept?

Plate No.:

What is the seating capacity?

VEHICLE 4 - MAKE/MODEL/SERIAL NUMBER/ENGINE SIZE:

Vehicle Identification NO.:

What is the color of the vehicle?

Current Milage:

Please state Loss Payee?

Where was the vehicle purchased?

Current Value: (Please provide Bill of Sale and Customs documentation if an import)

Where will the vehicle be parked?

On which Island will it be kept?

Plate No.:

What is the seating capacity?

VEHICLE 5 - MAKE/MODEL/SERIAL NUMBER/ENGINE SIZE:

Vehicle Identification NO.:

What is the color of the vehicle?

Current Milage:

Please state Loss Payee?

Where was the vehicle purchased?

Current Value: (Please provide Bill of Sale and Customs documentation if an import)

Where will the vehicle be parked?

On which Island will it be kept?

Plate No.:

What is the seating capacity?

DRIVER 1 PREFIX:

DRIVER 1 FIRST NAME:

DRIVER 1 MIDDLE INITIAL:

DRIVER 1 LAST NAME:

DRIVER 1 SUFFIX:

DRIVER 1 DATE OF BIRTH:

DRIVER 1 OCCUPATION:

DRIVER 1 GENDER:

DRIVER 1 NATIONAL INSURANCE ID:

DRIVER 1 DRIVERS LICENSE ID:

DRIVER 1 DATE LICENSED:

DRIVER 2 PREFIX:

DRIVER 2 FIRST NAME:

DRIVER 2 MIDDLE INITIAL:

DRIVER 2 LAST NAME:

DRIVER 2 SUFFIX:

DRIVER 2 DATE OF BIRTH:

DRIVER 2 OCCUPATION:

DRIVER 2 GENDER:

DRIVER 2 NATIONAL INSURANCE ID:

DRIVER 2 DRIVERS LICENSE ID:

DRIVER 2 DATE LICENSED:

DRIVER 3 PREFIX:

DRIVER 3 FIRST NAME:

DRIVER 3 MIDDLE INITIAL:

DRIVER 3 LAST NAME:

DRIVER 3 SUFFIX:

DRIVER 3 DATE OF BIRTH:

DRIVER 3 OCCUPATION:

DRIVER 3 GENDER:

DRIVER 3 NATIONAL INSURANCE ID:

DRIVER 3 DRIVERS LICENSE ID:

DRIVER 3 DATE LICENSED:

DRIVER 4 PREFIX:

DRIVER 4 FIRST NAME:

DRIVER 4 MIDDLE INITIAL:

DRIVER 4 LAST NAME:

DRIVER 4 SUFFIX:

DRIVER 4 DATE OF BIRTH:

DRIVER 4 OCCUPATION:

DRIVER 4 GENDER:

DRIVER 4 NATIONAL INSURANCE ID:

DRIVER 4 DRIVERS LICENSE ID:

DRIVER 4 DATE LICENSED:

DRIVER 5 PREFIX:

DRIVER 5 FIRST NAME:

DRIVER 5 MIDDLE INITIAL:

DRIVER 5 LAST NAME:

DRIVER 5 SUFFIX:

DRIVER 5 DATE OF BIRTH:

DRIVER 5 OCCUPATION:

DRIVER 5 GENDER:

DRIVER 5 NATIONAL INSURANCE ID:

DRIVER 5 DRIVERS LICENSE ID:

DRIVER 5 DATE LICENSED:

DRIVER 6 PREFIX:

DRIVER 6 FIRST NAME:

DRIVER 6 MIDDLE INITIAL:

DRIVER 6 LAST NAME:

DRIVER 6 SUFFIX:

DRIVER 6 DATE OF BIRTH:

DRIVER 6 OCCUPATION:

DRIVER 6 GENDER:

DRIVER 6 NATIONAL INSURANCE ID:

DRIVER 6 DRIVERS LICENSE ID:

DRIVER 6 DATE LICENSED:

DRIVER 7 PREFIX:

DRIVER 7 FIRST NAME:

DRIVER 7 MIDDLE INITIAL:

DRIVER 7 LAST NAME:

DRIVER 7 SUFFIX:

DRIVER 7 DATE OF BIRTH:

DRIVER 7 OCCUPATION:

DRIVER 7 GENDER:

DRIVER 7 NATIONAL INSURANCE ID:

DRIVER 7 DRIVERS LICENSE ID:

DRIVER 7 DATE LICENSED:

DRIVER 8PREFIX:

DRIVER 8 FIRST NAME:

DRIVER 8 MIDDLE INITIAL:

DRIVER 8 LAST NAME:

DRIVER 8 SUFFIX:

DRIVER 8 DATE OF BIRTH:

DRIVER 8 OCCUPATION:

DRIVER 8 GENDER:

DRIVER 8 NATIONAL INSURANCE ID:

DRIVER 8 DRIVERS LICENSE ID:

DRIVER 8 DATE LICENSED:

DRIVER WARRANTY:

ADDRESS WHERE THE CAR IS NORMALLY KEPT:

TYPE OF COVER REQUIRED:

(Comprehensive cover incudes glass/windshield breakage & windstorm and flood perils)

DO YOU OWN THE CARS (if not, please give details)?

(for the purposes of the question buying a car under a bank loan signifies ownership).

TO YOUR KNOWLEDGE HAS THE VEHICLE BEEN INVOLVED IN AN ACCIDENT?

(If yes, give details)

HAS THE CAR BEEN MODIFIED OR CONVERTED IN ANY WAY?

 (If yes, give details)

ARE YOU NOW, OR HAVE YOU BEEN INSURED WITH RESPECT OF ANY MOTOR VEHICLE (If yes, state)?

PRESENT INSURER & POLICY NO.

PREVIOUS INSURER & POLICY NO.

IF ENTITLED TO A NO CLAIMS DISCOUT/BONUS FROM PAST AND/OR PREVIOUS INSURER, STATE NUMBER OF YEARS ENTITLEMENT AND ATTACH RENEWAL NOTICE OR OTHER CONFIRMATION OF ENTITLEMENT:

Note – No Insurance is in force until a temporary Cover Note or Certificate of Insurance has been delivered to the Proposer

IMPORTANT – THE PROPOSER MUST READ THE FOLLOWING BEFORE SIGNING

DECLARATION

I declare that neither I nor any person(s) who will drive have:

Resided outside The Bahamas during the past 3 years; suffered from diabetes, epilepsy, heart condition or any other physical or mental disability, infirmity or disease; had any motor insurance declined or cancelled; been convicted during the past 5 years of any offence in connection with a motor vehicle; have no prosecutions pending; had a driver's license suspended or, had an accident, loss or claim in connection with any motor vehicle during the past 4 years.

All authorized drivers hold a current license to drive the car to be insured.

I undertake that the car to be insured is in a roadworthy condition and will not be driven by any person who to my knowledge has been refused motor vehicle insurance or continuance thereof.

I agree that this Proposal and Declaration shall be incorporated in the contract between me and the Insurers and I agree to be bound by the terms of this policy.

I declare that to the best of my knowledge and belief the statements made by me or written in answer to the questions on this form on my behalf by someone else are true and complete, and I have not withheld any information material to this Proposal. I accept full responsibility for statements made on my behalf.

I HAVE READ THE ABOVE DECLARATION: Signature: Date:

Proposer Signature: Date:

Additional Information/Ednorsement