



BAHAMAS FIRST

General Insurance Company Limited

Please give a definite reply to each question on the form

Supplementary Proposal for Motor Insurance (change of or additional vehicle only)

1. Full Name: _____ Date of Birth: _____

2. Full address: _____

3. Telephone: Home: _____ Work: _____

4. Business or Occupation: _____

5. Particulars of vehicle to be insured (Note: Your estimate of present value must include accessories and spare parts).

Make & Model: _____

Horse Power or engine Capacity : _____

Year of Make: _____

Registered Letters & Number: _____

Type of Body: _____

Carrying capacity: _____

Date of Purchase: _____

Price paid by you: _____

Estimate of present Value: _____

5. Does this vehicle replace a vehicle at present insured: _____

If so, state the registered letters and no. of the vehicle being replaced:

6. Have you returned or are you now returning the Certificate of insurance for the replaced vehicle? _____

If the certificate is lost please complete a "lost certificate declaration"

7. Has the makers published specification of the vehicle been altered or modified in any way? _____

If so, give details: _____

8. Is any finance company interested in the vehicle? _____

If so state which vehicles and give name and address of finance company:

9. Will the vehicle be driven solely by you? _____

In respect of any other drivers, please state:

Full Name	Age	Business or Profession	Period of recent driving experience	Type of driving license held	Date of passing driving test	Details of all accidents or losses during the past 5 years	Has such person ever been refused motor insurance at normal rates and terms?

If none please write "none" here:

10. Do you or any other person who to your knowledge will drive 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: _____

11. Have you or any other person who to your knowledge will drive, been convicted during the past 5 years of any offence in connection with a motor vehicle? _____

If so, give particulars (including any prosecutions pending): _____

12. If you require any alteration in the scope of cover provided by the Policy, give details: _____

13. Please check the cover required:

Comprehensive:

Third Party, Fire & Theft:

Third Party:

Act:

ADDITIONAL INFORMATION:

DECLARATION

I/WE desire to insure with the Company in respect of the vehicles described in the above proposal. I/WE warrant that the above statements made by me/us on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed by me/us.

I/WE agree that this proposal shall be incorporated in and taken as the basis of the proposal contract between me/us and the Company and I/WE agree to accept a policy in the Company's usual form for this class of insurance. I/We undertake that the vehicle or vehicles to be insured shall not be driven by any other person who to my//our knowledge has been refused any motor vehicle insurance or continuance thereof.

Signature: _____ Date: _____

For Company use only

Loss Payee: _____ Annual Premium: _____

Policy No.: _____

Special Terms: _____

Renewal Date: _____