

AGENCY:

UNDERWRITER:

**PROPOSER INFORMATION**

Full Name:  Mr.  Mrs.  Miss Telephone Number(s):  
  H  W  M

Street Address:  Nationality:  NIB Number:  Date of Birth:   
(DD/MM/YYYY)

Email Address:

Occupation/Trade/Business/Profession:  Marital Status:  Gender:  Payment Currency:

Driver's License Number:  Date License Passed:  Country License Held:  License Type:  Cover Start Date:   
(DD/MM/YYYY)

**VEHICLE INFORMATION**

Policyholder:  Cover requested:  Comprehensive  Third Party  Third Party & Theft  Total Loss only

On which island will the vehicle be driven?  Is the Insured excluded from driving?  Yes  No Claims in the last 3 years?  Yes  No Years No Claims Discount

Serial / Chassis Number:  Make & Model:  Model Seating Capacity:  Body Type (Sedan, Convertible, etc):  Engine Size:  Year of Manufacture:

Engine Type:  Diesel  Electric  Hybrid  LPG/Dual  Petrol

Transmission:  Automated Manual  Continuously Variable  Direct Shift Gearbox (DSG)  Dual Clutch  Traditional Automatic  Triptonic

Left-hand drive?  Yes  No Annual Mileage:  Current Mileage:  Vehicle Value:  Purchase Price:

Vehicle Parking:  Garage attached to home  On Driveway  Public Garage  Side of Street

Car Title:  Certificate of Destruction  Clean Title  Flood  Hail  Junk Title  Not Actual Mileage  Rebuildable  Not Rebuildable  Salvage

Vehicle Origin:  Japanese Import  USA Import  Not Imported  Other License/Registration Plate:

Used for social, domestic and pleasure, including commuting?  Yes  No Colour of Vehicle:

Roof Type:  Convertible roof (soft type)  Hard top  Moonroof (Glass)  Panorama Roof  T-Top  Vinyl Roof

**ADDITIONAL INFORMATION**

Do you own the car and is it registered in your name?  Yes  No If no, please provide details:

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Good state of repair?  Yes  No If no, please provide details:

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Vehicle leased, rented, subject to other finance or shared ownership?  Yes  No If yes, please provide details:

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Is the car the subject of a loan?  Yes  No If yes, please provide details:

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Vehicle modified?  Yes  No If yes, please provide details:

**DRIVERS**

Details of you, the Proposer, and all others noted to drive. This includes details of any motor-related accidents or losses during the last 36 months in connection with any vehicle or motorcycle owned, driven or used. All accidents and losses must be included whether there was insurance cover in place at the time, whether a claim was made, or whether you were at fault or not.

Who will be driving the vehicle?  Insured Only  Named Drivers  Any Driver 21 to 70 years  Any Driver 25 to 70 years  Any Driver up to 70 years

	Full Name:	Occupation:	Date of Birth: <small>(DD/MM/YYYY)</small>	Bahamian Driver's License #:	How long has such license been held?	Claims in the last 3 years?
Driver # 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver # 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver # 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INSURANCE HISTORY**

**Are you now, or have you been insured in respect of any motor vehicle?**  Yes  No

Provide present/previous insurer and policy number:

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**Entitled to No Claims Discount from previous insurers?**  Yes  No

State number of years of entitlement and attach renewal notice or other confirmation of entitlement:

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**To the best of your knowledge or belief, do you or does any other person who to your knowledge will drive:**

Have physical or mental infirmity or illness, defective vision or hearing?  Yes  No

Now, or within the last 5 years, suffered from diabetes, first or any complaint of the heart?  Yes  No

Take any medication, presently see a doctor or are under the care of a doctor for anything that may hinder driving ability?  Yes  No

Been convicted of any offence in connection with the driving of any motor vehicle?  Yes  No

**Has any insurer in respect to yourself or any other person who will drive ever:**

Declined a proposal or cancelled or refused to renew a policy?  Yes  No

Required an increased premium or imposed special conditions?  Yes  No

**DECLARATION**

**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 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.

**Proposer's Name:**

**Proposer's Signature:**

**Date:** (DD/MM/YYYY)