

BAHAMAS FIRST GENERAL

INSURANCE COMPANY LIMITED

COMMERCIAL VEHICLE PROPOSAL

SUPPLEMENTAL DRIVER

PLEASE GIVE A DEFINITE REPLY TO EACH QUESTION ON THE FORM

Unless Vehicle or Driver is not applicable.

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.

(For office use)

ID:

TODAYS DATE:

INSURER:

UNDERWRITER:

POLICY NO.

MODULE NO.

TYPE OF COVER:

DRIVER WARRANTY:

PROPOSER PREFIX(Mr/Miss/Mrs):

PROPOSER FIRST NAME:

PROPOSER MIDDLE INITIAL:

PROPOSER LAST NAME:

PROPOSER SUFFIX (Sr/Jr/Dr):

COMPANY NAME:

ADDRESS:

ADDRESS:

ADDRESS:

ADDRESS:

ADDRESS

PHONE:

PHONE:

PHONE:

EMAIL:

EMAIL:

TAX ID:

PROPOSER DATE OF BIRTH:

PROPOSER NATIONAL INSURANCE ID:

PROPOSER BUSINESS LICENSE ID:

PROPOSER DRIVERS LICENSE ID:

PROPOSER DATE LICENSED

PROPOSER OCCUPATION:

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

VEHICLE 1 VIN:

VEHICLE 1 COLOR:

VEHICLE 1 MILAGE:

VEHICLE 1 Do you own the vehicle or is it subject to a loan:

VEHICLE 1 WHERE PURCHASED:

VEHICLE 1 VALUE:

VEHICLE 1 WHERE IS VEHICLE KEPT:

VEHICLE 1 ISLAND USED ON:

VEHICLE 1 PLATE NO:

VEHICLE 1 SEATING CAPACITY:

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

VEHICLE 2 VIN:

VEHICLE 2 COLOR:

VEHICLE 2 MILAGE:

VEHICLE 2 Do you own the vehicle or is it subject to a loan:

VEHICLE 2 VALUE:

VEHICLE 2 WHERE PURCHASED:

VEHICLE 2 WHERE IS VEHICLE KEPT

VEHICLE 2 ISLAND:

VEHICLE 2 PLATE NO.:

VEHICLE 2 SEATING CAPACITY:

DRIVER 1 PREFIX (Mr/Miss/Mrs):

DRIVER 1 FIRST NAME:

DRIVER 1 MIDDLE INITIAL:

DRIVER 1 LAST NAME:

DRIVER 1 SUFFIX (Sr/Jr/Dr):

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:

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DRIVER 2 PREFIX (Mr/Miss/Mrs):
DRIVER 2 FIRST NAME:
DRIVER 2 MIDDLE INITIAL:
DRIVER 2 LAST NAME:
DRIVER 2 SUFFIX (Sr/Jr/Dr):
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 (Mr/Miss/Mrs):
DRIVER 3 FIRST NAME:
DRIVER 3 MIDDLE INITIAL:
DRIVER 3 LAST NAME:
DRIVER 3 SUFFIX (Sr/Jr/Dr):
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 (Mr/Miss/Mrs):
DRIVER 4 FIRST NAME:
DRIVER 4 MIDDLE INITIAL:
DRIVER 4 LAST NAME:
DRIVER 4 SUFFIX (Sr/Jr/Dr):
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:

BAHAMAS FIRST GENERAL

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COMMERCIAL VEHICLE PROPOSAL

DRIVER 5 PREFIX (Mr/Miss/Mrs):
DRIVER 5 FIRST NAME:
DRIVER 5 MIDDLE INITIAL:
DRIVER 5 LAST NAME:
DRIVER 5 SUFFIX (Sr/Jr/Dr):
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:

DO YOU OWN THE VEHICLE AND IS IT REGISTERED IN YOUR NAME?

IS THE VEHICLE(S) THE SUBJECT OF A LOAN FINANCE OR LEASE PURCHASE?

PARTICULARS OF CLAIMS OR LOSS IN THE LAST 36 MONTHS:

ARE YOU NOW INSURED WITH RESPECT TO ANY MOTOR VEHICLE?

ARE YOU ENTITLED TO ANY NO CLAIMS DISCOUNT?

PREVIOUS INSURER AND POLICY NO:

ANY PROPOSED DRIVER HAVE DEFECTIVE VISION OR HEARING?

ANY PROPOSED DRIVER SUFFER FROM DIABETES FITS OR HEART ISSUES?

ANY PROPOSED DRIVER HAVE ANY OTHER PHYSICAL OR MENTAL INFIRMITY?

ANY PROPOSED DRIVER BEEN CONVICTED OF ANY MOTOR OFFENCE?

ANY PROPOSED DRIVER BEEN DECLINED CANCELLED OR REFUSED INSURANCE?

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ANY PROPOSED DRIVER BEEN IMPOSED INCREASED PREMIUM OR CONDITION?

ANY PROPOSED DRIVER BEEN REQUIRED TO BEAR FIRST AMOUNT OF ANY LOSS?

WILL THE VEHICLE BE USED FOR THE CARRIAGE OF GOODS?

WHAT IS THEIR NATURE?

HAS THE VEHICLE BEEN ALTERED OR ADAPTED TO CARRY A LOAD HEAVIER THAN THAT SPECIFIED IN THE MAKERS PUBLIC SPECIFICATIONS?

WILL THE VEHICLE BE USED TO CARRY A LOAD HEAVIER THAN THE MAKERS MAXIMUM CARRYING CAPACITY?

WILL THE VEHICLE BE USED FOR CARRYING PASSENGERS?

DO YOU WISH TO INSURE YOUR LIABILITY FOR PASSENGERS (cover can not 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)?

ARE THE PASSENGERS CARRIED FOR HIRE OR REWARD?

IS THE VEHILCE USED FOR PUBLIC SERVICE?

WHAT IS THE MAXIMUM NUMBER OF PASSENGERS LIKELY TO BE CARRIED AT ANY ONE TIME AND FOR WHAT PURPOSE?

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| | |
|-----------|------|
| 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.

PROPOSERS SIGNATURE:

Date:

Additional Information