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!

BAHAMAS FIRST GENERAL
Insurance Company Limited

PRIVATE MOTOR PROPOSAL

PLEASE GIVE A DEFINITE REPLY TO EACH QUESTION ON THE FORM - UNLESS DRIVER OR VEHICLE IS NOT APPLICABLE
It is an office under the Road Traffic Act to give a false statement or withhold any material information to obtain a Certificate of Motor Insurance
The liability of 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:

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 BUSINESS LICENSE ID:

PROPOSER DRIVERS LICENSE ID

PROPOSER DATE LICENSED

PROPOSER OCCUPATION:

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

Vehicle Identification No.:

Color of the vehicle:

Current milage:

Please state Loss payee:

Where was the vehicle purchased?

Current value of the vehicle:

Where will the vehicle be parked?

What island will it be kept on?

What is the license plate number?

What is the seating capacity of the vehicle?

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

Vehicle Identification No.:

Color of the vehicle:

Current milage:

Please state Loss Payee?

Where was the vehicle purchased?

Current value of the vehicle:

Where will the vehicle be parked?

What island will it be kept on?

What is the license plate number?

What is the seating capacity of the vehicle?

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

Vehicle Identification No.:

Color of the vehicle:

Current milage:

Please state Loss Payee?

Where was the vehicle purchased?

Current value of the vehicle:

Where will the vehicle be parked?

What island will it be kept on?

What is the license plate number?

What is the seating capacity of the vehicle?

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

Vehicle Identification No.:

Color of the vehicle:

Current milage:

Please state Loss Payee?

Where was the vehicle purchased?

Current value of the vehicle:

Where will the vehicle be parked?

What island will it be kept on?

What is the license plate number?

What is the seating capacity of the vehicle?

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

Vehicle Identification No.:

Color of the vehicle:

Current milage:

Please state Loss Payee?

Where was the vehicle purchased?

Current value of the vehicle:

Where will the vehicle be parked?

What island will it be kept on?

What is the license plate number?

What is the seating capacity of the vehicle?

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 8SUFFIX:

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:

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

(if no, please give details)

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

(if yes, please give details)

PARTICULARS OF CLAIMS OR LOSS IN THE LAST 36 MONTHS:

ARE YOU NOW INSURED WITH RESPECT TO ANY MOTOR VEHICLE?

(if yes, please give details)

ARE YOU ENTITLED TO ANY NO CLAIMS DISCOUNT?

(if yes, please give details)

PREVIOUS INSURER AND POLICY NO:

TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, DOES ANY PERSION WHO IS LIKELY TO DRIVE HAVE DEFECTIVE VISION OR HEARING?

(if yes, please give details)

TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, DOES ANY PERSION WHO IS LIKELY TO DRIVE SUFFER FROM DIABETES FITS OR HEART ISSUES?

(if yes, please give details)

TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, DOES ANY PERSION WHO IS LIKELY TO DRIVE HAVE ANY OTHER PHYSICAL OR MENTAL INFIRMITY?

(if yes, please give details)

TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, DOES ANY PERSION WHO IS LIKELY TO DRIVE BEEN CONVICTED OF ANY MOTOR OFFENCE?

(if yes, please give details)

TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, HAS ANY PERSION WHO IS LIKELY TO DRIVE HAD THEIR INSURANCE DECLINED CANCELLED OR BEEN REFUSED INSURANCE?

(if yes, please give details)

TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, HAS ANY PERSION WHO IS LIKELY TO DRIVE BEEN IMPOSED AN INCREASED PREMIUM OR SPECIAL CONDITION?

(if yes, please give details)

TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, HAS ANY PERSION WHO IS LIKELY TO DRIVE BEEN REQUIRED TO BEAR THE FIRST FORTION OF ANY LOSS?

(if yes, please give details)

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/Endorsement