

ISSUED BY

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.

Use Block capitals throughout. Insert 'Yes' or 'No' answers in the boxes marked*

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.

YOU THE PROPOSER

Forenames (Mr/Mrs/Miss)

 Surname

 Occupation and nature of business

Address for correspondence

Phone Contacts

P. O. Box

Your e-mail address

Business

Cell

 Home

 Address at which the car is normally kept
 YOUR INSURANCE REQUIREMENT

 Type of cover required: Comprehensive

 Third Party, Fire & Theft

 Third Party Only

Comprehensive cover includes windshield/glass breakage and windstorm and flood perils

YOUR CAR(S)

Serial or Chassis Number	Make and Model	Seating Capacity	Type of Body e.g. sedan, convertible, etc.	Engine capacity	Year of make	Date of purchase

1. Do you own the car? (for the purposes of this question buying the car under a bank loan signifies ownership)

*

If 'No'

2. Does a bank or finance company have an interest in the car?

*

 If 'Yes' Bank:
Branch:

3. To your knowledge has the vehicle ever been involved in an accident?

*

If 'Yes'

4. Has the car been modified or converted in any way?

*

If 'Yes'

* Please attach relevant documentation

5. Full name and address of vendor of vehicle (attach copy of Bill of Sale or Certificate of title where an import)

Name	
Address	
Phone Contact(s)	Business
	Home
	Cell
Date of purchase	

Purchase Price	
US\$ or Bahamian \$	
Duty & Freight (where applicable)	
Other expenditure (where applicable)	

Insured's estimate of value \$

 Where different from above, please provide full explanation.

DRIVERS Driving will be restricted to persons named in your Policy

6. Give details of yourself and all others

Please insert Mr., Mrs. or Miss, Full Name, middle initial and surname	Occupation (If more than one, give details of each)	Date of Birth	Bahamian Driver's Licence Number	How long has such licence been held?	Likely percentage of use by each driver
Yourself					

7. Are you now, or have you been insured in respect of any motor vehicle?	*	If 'Yes', state:
Present Insurer and Policy Number	Past Insurer and Policy Number (if applicable)	
8. If entitled to No Claims Discount/Bonus from past and/or previous insurers, 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 Motor Insurance has been delivered to the Proposer.

IMPORTANT - THE PROPOSER MUST READ NUMBERS 9 THROUGH 13 BEFORE SIGNING

DECLARATION

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

Please Initial

9. 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 licence suspended or, had an accident, loss or claim in connection with any motor vehicle during the past 4 years.

10. All authorised drivers hold a current licence to drive the car to be insured.

11. 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.

12. 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.

13. 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.

Signature	Date
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FOR OFFICE USE ONLY

Premium quoted:-	Gross \$ _____
	Load % _____
	NCD % _____
Car Group _____	Net _____

RoyalStar Assurance Ltd.

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