



### Road User

**IMPORTANT:** You must inform Security and General of all facts likely to influence the acceptance and rating of your Proposal. If you withhold information, any policy subsequently issued may be declared to be void. All questions must be answered.

#### PART 1 DETAILS OF APPLICANT

Full Name \_\_\_\_\_ NIB No. \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Email Address \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_  
 Contact No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Occupation (Full Time) \_\_\_\_\_ Employer \_\_\_\_\_  
 Occupation (Part Time) \_\_\_\_\_ Employer \_\_\_\_\_  
 Description of Business \_\_\_\_\_

#### PART 2 INSURANCE REQUIREMENTS

Which level of insurance do you require?  Comprehensive  Third Party

#### PART 3 DETAILS OF MOTOR VEHICLE

Class of Vehicle  Heavy Truck  Intermediate Truck  Light Truck  Mini Bus  Taxi  Van  
 Make of Vehicle \_\_\_\_\_ Registration No. \_\_\_\_\_ Price Paid \_\_\_\_\_  
 Year of Manufacture \_\_\_\_\_ Chassis No. \_\_\_\_\_  
 Date of Purchase \_\_\_\_\_ Engine Capacity \_\_\_\_\_ Estimated Value \_\_\_\_\_  
 Has the vehicle been modified in any way?  Yes  No If Yes, please provide details and value of the modifications:  
 \_\_\_\_\_

Are you the owner of the Vehicle?  No  Yes  
 Are you the licenced owner of the Vehicle?  No  Yes  
 Is your Vehicle the subject of a bank loan?  No  Yes  
 Do you rent out the Vehicle?  No  Yes  
 Are any of your Vehicles articulated?  No  Yes  
 Does your Vehicle have a crane/excavator or other plant/equipment attached?  No  Yes  
 Do you carry passengers?  No  Yes  
 Is the vehicle used airside on Airport Property?  No  Yes  
 Do you carry any inflammable, toxic, corrosive explosives or otherwise dangerous substances?  No  Yes  
 State general nature of goods carried.

|  |
|--|
| If not, who is?<br>What is the relationship between you? |
| If not, who is?  |
| If Yes, Bank Name:                                       |
|  |
|  |
| If Yes, what is the maximum carried at any one time?     |
|  |
|  |
|  |

#### PART 4 DETAILS OF DRIVING EXPERIENCE

For the following questions, give details for both yourself and all other regular drivers of this vehicle (except No. 8).

|   | Insured | Regular Driver | Regular Driver |
|---|---------|----------------|----------------|
| 1. Name of each regular driver  |         |                |                |
| 2. Current age and date of birth of each driver   |         |                |                |
| 3. a. If any drivers are under age 22, what date did they first obtain a Licence for your class of vehicle.                 |         |                |                |
| b. Does each regular driver have a valid licence for this vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes |         |                |                |

If Yes, please provide copies of the drivers licence for ALL regular drivers showing date of birth and classes of vehicle covered.



## Road User

4. Have you or any other regular driver been convicted of any traffic offences in the last five years? Please note all such offences.  No  Yes

|              |              |              |
|--------------|--------------|--------------|
| Date(s)      | Date(s)      | Date(s)      |
| Offence(s)   | Offence(s)   | Offence(s)   |
| Penalty(ies) | Penalty(ies) | Penalty(ies) |

5. Have you or any other regular driver ever been insured with Security & General for Motor Insurance?  No  Yes

|            |            |            |
|------------|------------|------------|
| Policy No. | Policy No. | Policy No. |
| Name       | Name       | Name       |

6. Has Security & General, or any other insurance company, declined to insure you or any other regular driver, required increased premiums, imposed special conditions, cancelled or refused to renew any policy you have or have held?  No  Yes

|         |         |         |
|---------|---------|---------|
| Details | Details | Details |
|---------|---------|---------|

7. Do you or any other regular drivers currently have/ever suffered from any physical illness or disability that affects your ability to drive?  No  Yes

If Yes, please provide details on the Road User Health Questionnaire.

8. Are you entitled to a No Claims Discount? (Applicant only)  No  Yes

If Yes, please attach proof of bonus. Applies to applicant only. Alternatively, provide relevant Policy Number and name of last/current Insurer.

9. Have you or any other regular driver had any motor accidents, claims or losses in the last five years?  No  Yes

If Yes, please provide details on the Road User Proposal Form Supplemental Sheet. NB: You must note all accidents/claims/losses.

### PART 5 DECLARATION OF APPLICANT

I/We wish to effect an insurance with Security and General Insurance Company Limited. I/We declare that the above statements and particulars are complete and correct, and no material fact has been misrepresented, misstated or withheld. I/We agree that this proposal shall form the basis of the contract between me/us and Security and General and I/we agree to accept Security and General's usual form of policy for insurances of this nature. If this proposal has been written by anyone else, that person is my agent for that purpose and not the agent of Security and General. I hereby agree to immediately declare all subsequent accidents and/or convictions. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

Data Protection Act: By my signature below I hereby accept and authorize the dissemination of any of the information contained in this form subject only to such information being released/used for the purposes of any legal action (for which an indemnity is granted under the policy to which this form relates) and/or to any Professional or other body/Association having a right or need to know such information, e.g., Police/Road Traffic/Insurer (in respect to NCD enquiry)/Bahamas Insurance Association (Claims Bank).

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

| To be completed by the Agent/Broker | Policy No. | Period of Insurance |     | Premium | Replacement? <input type="checkbox"/> No <input type="checkbox"/> Yes |
|-------------------------------------|------------|---------------------|-----|---------|---|
|                                     |            | From:               | To: | \$      | If Yes, Cancel Policy No.:  |

| For Office Use Only | Agent/Broker | F.A.P. | Comm | N.C.D. | Special Instructions |
|---------------------|--------------|--------|------|--------|----------------------|
|                     |              |        | %    |        |                      |

**Security and General Insurance Company Limited** Atlantic House, 2nd Terrace & Collins Avenue, Nassau, Bahamas  
PO Box N-3540, Nassau, Bahamas | Tel 242 326 7100 | Fax 242 325 0948 | www.CG.Coralisle.com

Personal and Business Insurance

**INSURANCE | HEALTH | PENSIONS | LIFE**

A member of Coralisle Group Ltd.