



### Travel Sure

**PART 1** DETAILS OF INSURED(S)

Please print full names of ALL persons requiring cover and, whether for annual or single trip cover, indicate the number of days each person expects to be away from The Bahamas.

1. Primary Insured Full Name \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_ No. of Days: Annual Cover 30 60 90 120 OR Single Trip Cover \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Home No. \_\_\_\_\_

Cellular No. \_\_\_\_\_ Work No. \_\_\_\_\_

Additional Insured Full Name \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_ No. of Days: Annual Cover 30 60 90 120 OR Single Trip Cover \_\_\_\_\_

Additional Insured Full Name \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_ No. of Days: Annual Cover 30 60 90 120 OR Single Trip Cover \_\_\_\_\_

Additional Insured Full Name \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_ No. of Days: Annual Cover 30 60 90 120 OR Single Trip Cover \_\_\_\_\_

Additional Insured Full Name \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_ No. of Days: Annual Cover 30 60 90 120 OR Single Trip Cover \_\_\_\_\_

Additional Insured Full Name \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_ No. of Days: Annual Cover 30 60 90 120 OR Single Trip Cover \_\_\_\_\_

**PART 2** PERIOD OF INSURANCE

Please tick one and detail the required period of cover.

Annual Cover       Single Trip Cover      From (DD/MM/YY) \_\_\_\_\_ To (DD/MM/YY) \_\_\_\_\_

**PART 3** DECLARATION

I/We wish to effect an insurance with CG Atlantic General Insurance Ltd. 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 CG Atlantic General and I/we agree to accept CG Atlantic 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 CG Atlantic General. (If you have not personally completed the answers to these questions, please check them carefully before signing this declaration.)

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

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

Calculation for Individual Trip 1 Cover: No. of days insured \_\_\_ x No. of Insured Persons \_\_\_ x \$ \_\_\_ = \$ \_\_\_

Calculation for Individual Trip 2 Cover: No. of days insured \_\_\_ x No. of Insured Persons \_\_\_ x \$ \_\_\_ = \$ \_\_\_

For Office Use	Policy No.	Period of Insurance		Receipt No.
		From:	To:	

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

Personal and Business Insurance

**INSURANCE | HEALTH | PENSIONS | LIFE**

A member of Coralisle Group Ltd.