



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

Additional Insured Full Name _____

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

Additional Insured Full Name _____

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

Additional Insured Full Name _____

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

Additional Insured Full Name _____

Date of Birth (MM/DD/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 (MM/DD/YY) _____ To (MM/DD/YY) _____

PART 3 DECLARATION

I/We wish to effect an insurance with Security and General Insurance Company Limited (S&G). 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 S&G and I/we agree to accept S&G'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 S&G. (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:	

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.