



IMPORTANT: You must inform Security & 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.

SECTION 1 DETAILS OF APPLICANT

Full Name \_\_\_\_\_ NIB No. \_\_\_\_\_

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

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

Date of Birth (DD/MM/YY) \_\_\_\_\_ Cellular No. \_\_\_\_\_

Occupation \_\_\_\_\_ Work No. \_\_\_\_\_

SECTION 2 INSURANCE REQUIREMENTS

Which level of insurance do you require?  Comprehensive  Protected NCD Cover  Third Party  Third Party, Fire & Theft

SECTION 3 DETAILS OF MOTOR CAR

Are you the owner of the car?  Yes  No Is your vehicle the subject of a loan?  Yes  No

Are you the registered owner?  Yes  No If Yes, please provide Bank name: \_\_\_\_\_

Make of Car \_\_\_\_\_ Registration No. \_\_\_\_\_ Price Paid \_\_\_\_\_

Year of Manufacture \_\_\_\_\_ Chassis No. \_\_\_\_\_ Estimated Value \_\_\_\_\_

Date of Purchase \_\_\_\_\_ Engine No. \_\_\_\_\_ Engine Capacity \_\_\_\_\_

Details and Value of Modifications \_\_\_\_\_

SECTION 4 DETAILS OF PREVIOUS DRIVING EXPERIENCE

For the following questions (1 through 10), you must answer them all giving details for both yourself and all regular drivers. Please note, where the question states **You**, we require information about yourself and all regular drivers with the exception of question 8. If asked, **You** must tick Yes or No. If **You** tick Yes, please provide the relevant details.

Name of Driver

Date of Birth of Driver

1. How long have You driven cars?

2. When did You first hold a Bahamas private car licence?

3. Do You currently hold a valid Bahamas Drivers Licence for the vehicle described in Section 3?  No  Yes

4. Have You been convicted of any traffic offences in the last five years?  No  Yes  
NB: You must note all such offences.

	Insured	Regular Driver	Regular Driver
Name of Driver			
Date of Birth of Driver			
1. How long have You driven cars?	No. of Years	No. of Years	No. of Years
2. When did You first hold a Bahamas private car licence?	Date	Date	Date
3. Do You currently hold a valid Bahamas Drivers Licence for the vehicle described in Section 3? <input type="checkbox"/> No <input type="checkbox"/> Yes			
4. Have You been convicted of any traffic offences in the last five years? <input type="checkbox"/> No <input type="checkbox"/> Yes NB: You must note all such offences.	Date(s)	Date(s)	Date(s)
	Offence(s)	Offence(s)	Offence(s)
	Penalty(ies)	Penalty(ies)	Penalty(ies)

	Insured	Regular Driver	Regular Driver
5. Have You received notice of intended prosecution for any traffic offence? <input type="checkbox"/> No <input type="checkbox"/> Yes	Details	Details	Details
6. Has Security & General or any other insurance company declined to insure You, required increased premiums, imposed special conditions, cancelled or refused to renew any policy You have or have held? <input type="checkbox"/> No <input type="checkbox"/> Yes	Details	Details	Details
7. Do You hold or have You held a motor policy with Security & General or any other insurer? <input type="checkbox"/> No <input type="checkbox"/> Yes	Policy No.	Policy No.	Policy No.
8. Are You entitled to a No Claims Discount? <input type="checkbox"/> No <input type="checkbox"/> Yes	Please attach proof of bonus. Alternatively, provide relevant Policy Number and Name of Insurer.		
9. Do You currently have or have You ever suffered from any physical illness or disability that affects Your ability to drive? <input type="checkbox"/> No <input type="checkbox"/> Yes	Details	Details	Details
10. Have You had any motor accidents and/or claims and/or losses in the last five years? <input type="checkbox"/> No <input type="checkbox"/> Yes	Please provide details in Section 5 (below).	Please provide details in Section 5 (over).	Please provide details in Section 5 (over).

NB: You must note all accidents/claims/losses.

**SECTION 5** DETAILS OF ACCIDENTS, CLAIMS OR LOSSES (Continuation of Section 4, Question 10)

Name \_\_\_\_\_

Date of Accident/Claim/Loss \_\_\_\_\_

Time of Incident \_\_\_\_\_ am/pm    How many vehicles were involved? \_\_\_\_\_    Total Value of the Claim \$ \_\_\_\_\_

Were you charged with or convicted of an offence?  No  Yes    If Yes, please give full details: \_\_\_\_\_

Full Details of Accident/Claim/Loss \_\_\_\_\_

Was anyone injured?  No  Yes    If Yes, please give full details: \_\_\_\_\_

Did the Loss involve fire or theft of the vehicle?  No  Yes    If Yes, please give full details: \_\_\_\_\_

**SECTION 5** DETAILS OF ACCIDENTS, CLAIMS OR LOSSES (Continuation of Section 4, Question 9)

**Name** \_\_\_\_\_

Date of Accident/Claim/Loss \_\_\_\_\_

Time of Incident \_\_\_\_\_ am/pm    How many vehicles were involved? \_\_\_\_\_    Total Value of the Claim \$ \_\_\_\_\_

Were you charged with or convicted of an offence?  No  Yes    If Yes, please give full details: \_\_\_\_\_

\_\_\_\_\_

Full Details of Accident/Claim/Loss \_\_\_\_\_

\_\_\_\_\_

Was anyone injured?  No  Yes    If Yes, please give full details: \_\_\_\_\_

\_\_\_\_\_

Did the Loss involve fire or theft of the vehicle?  No  Yes    If Yes, please give full details: \_\_\_\_\_

\_\_\_\_\_

**Name** \_\_\_\_\_

Date of Accident/Claim/Loss \_\_\_\_\_

Time of Incident \_\_\_\_\_ am/pm    How many vehicles were involved? \_\_\_\_\_    Total Value of the Claim \$ \_\_\_\_\_

Were you charged with or convicted of an offence?  No  Yes    If Yes, please give full details: \_\_\_\_\_

\_\_\_\_\_

Full Details of Accident/Claim/Loss \_\_\_\_\_

\_\_\_\_\_

Was anyone injured?  No  Yes    If Yes, please give full details: \_\_\_\_\_

\_\_\_\_\_

Did the Loss involve fire or theft of the vehicle?  No  Yes    If Yes, please give full details: \_\_\_\_\_

\_\_\_\_\_

**SECTION 6 DECLARATION**

I/We wish to effect an insurance with Security & 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 & General and I/we agree to accept Security & 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 & 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.)

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

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

To be completed by the Agent	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	F.A.P.	Comm	N.C.D.	Special Instructions
			%		



**SECURITY  
& GENERAL**

SECURITY & GENERAL INSURANCE CO. LTD.  
 Personal & Business Insurance  
 Atlantic House, 2nd Terrace & Collins Avenue, Nassau, Bahamas  
 P.O. Box N-3540, Nassau, Bahamas  
 tel. (242) 326 7100 fax. (242) 325 0948 www.cgigroup.bm