



Road User

PART 1 DETAILS OF APPLICANT

Full Name _____ NIB No. _____
Mailing Address _____
Email Address _____ Date of Birth (DD/MM/YY) _____
Contact No. (Home) _____ (Work) _____ (Cell) _____
Driver's Licence No. _____ Expiry Date _____
Occupation (Full Time) _____ Occupation (Part Time) _____

PART 2 INSURANCE REQUIREMENTS

Which level of insurance do you require? ☐ Comprehensive ☐ Third Party

PART 3 DETAILS OF MOTOR VEHICLE

Make and Model of Vehicle _____ Year of Manufacture _____
Chassis No. _____ Registration No. _____ Purchase Price _____

PART 4 DRIVER'S WARRANTY OPTIONS

Who will drive the vehicle? Please tick one of the options below:

☐ Proposer Only ☐ Proposer & Spouse ☐ Proposer & 3 other named drivers ☐ Open Driving age 24-69 licenced 2+ years

PART 5 DRIVER'S HISTORY

Have you, or anyone who will drive, been convicted of or received notice of intended prosecution for any offense in connection with a motor vehicle? If Yes, please provide details on an attached Supplementary Form. ☐ No ☐ Yes

Have you or anyone who will drive, had any accidents, losses or claims during the past three years (whether or not the driver was at fault)? If Yes, please provide details on an attached Supplementary Form. ☐ No ☐ Yes

Do you or anyone who will drive, suffer from any physical defects or infirmities? If Yes, please provide details on an attached Supplementary Form. ☐ No ☐ Yes

Have you/anyone who will drive, held a full driver's license for two years or more? If Yes, how long? _____ ☐ No ☐ Yes

Has any Insurer refused to renew or cancel your insurance? If Yes, provide details on an attached Supplementary Form. ☐ No ☐ Yes

Have you had any insurance previously? If Yes, with whom? _____ ☐ No ☐ Yes

PART 6 FINANCIAL DETAILS

Does a bank have an interest in your vehicle? ☐ No ☐ Yes If Yes, state name of Bank: _____

Premium Amount: \$ _____

PART 7 DECLARATION

I/We wish to effect an Insurance with Security and General Insurance Company Limited. I/We declare that the above statements are complete and correct and that no material fact has been mis-represented, mis-stated or withheld. I/We agree to 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.

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).

Signature of Applicant: _____ Date: _____ Time: _____

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