



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 _____ Date of Birth (DD/MMM/YY) _____
Contact No. (Home) _____ (Work) _____ (Cell) _____
Occupation (Full Time) _____ Employer _____
Occupation (Part Time) _____ Employer _____

SECTION 2 INSURANCE REQUIREMENTS

Which level of insurance do you require? [] Comprehensive [] with Protected NCD Cover and Loss of Use Benefit (Ask your Agent/Broker if you qualify.)
[] Third Party

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/Model of Car _____ Registration No. _____ Price Paid _____
Year of Manufacture _____ Engine Capacity _____ Estimated Value _____
Date of Purchase _____ Chassis No. _____
Has the vehicle been modified in any way? [] Yes [] No If Yes, please provide details and value of the modifications: _____

Will the vehicle be used solely for social, domestic, pleasure and commuting purposes? [] Yes [] No

SECTION 4 DETAILS OF APPLICANT'S DRIVING EXPERIENCE

- 1. Do You currently hold a valid Bahamas Drivers Licence for the vehicle noted above? [] No [] Yes Year first licensed _____
2. Have You been convicted of any traffic offences in the last five years? [] No [] Yes If Yes, please note all such offences:
Date _____ Offence _____ Penalty _____
Date _____ Offence _____ Penalty _____
3. Have You received notice of intended prosecution for any traffic offence? [] No [] Yes If Yes, please provide details: _____
4. Do You hold, or have You held, a motor policy with Security & General or any other insurer? [] No [] Yes
If Yes, please provide Policy No. _____
5. 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? [] No [] Yes If Yes, please provide details: _____
6. Are You entitled to a No Claims Discount? [] No [] Yes If Yes, please attach proof of bonus or provide following details:
Relevant Policy Number _____ Name of Insurer _____
7. Do You currently, or have You ever, suffered from any physical illness or disability that affects Your ability to drive [] No [] Yes
If Yes, please provide details on the S&G Road User Health Questionnaire.
8. Have You had any motor accidents and/or claims and/or losses in the last five years? [] No [] Yes If Yes, please provide details on the Road User Proposal Form Supplemental Sheet.

SECTION 5 DETAILS OF OTHER KNOWN DRIVERS

| | Other Known Driver 1 | Other Known Driver 2 | Other Known Driver 3 |
|---|----------------------|----------------------|----------------------|
| Name of Driver | | | |
| Bahamas Licence No. | | | |
| Date of Birth (DD/MM/YY) | | | |
| Occupation/Employer | | | |
| No. of Years Driving | | | |
| Relationship to Applicant | | | |
| Any known Disabilities | | | |
| How often will you use the vehicle each week? | | | |
| Provide details of all other Motor Insurance Policies | | | |
| Ever had Insurance cancelled or refused? | | | |
| Detail any Offences or Convictions (excl. parking) | | | |

IMPORTANT: If any of the above-named drivers has had any motor accidents and/or claims and/or losses in the last five years, please provide details on the Road User Proposal Form Supplemental Sheet.

DECLARATION: After enquiry, I verify that the Driver(s) named above have declared that the statements and particulars provided here are complete and correct, and no material fact has been misrepresented, misstated or withheld.

Applicant's Signature _____ Date _____

SECTION 6 DECLARATION OF APPLICANT

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.)

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 |
|---------------------|--------------|--------|------|--------|----------------------|
| | | | % | | |

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