



SECTION 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 \_\_\_\_\_ NIB No. \_\_\_\_\_

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. \_\_\_\_\_

2. Additional Insured Full Name \_\_\_\_\_

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

3. Additional Insured Full Name \_\_\_\_\_

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

4. Additional Insured Full Name \_\_\_\_\_

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

5. Additional Insured Full Name \_\_\_\_\_

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

6. Additional Insured Full Name \_\_\_\_\_

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

SECTION 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) \_\_\_\_\_

SECTION 3 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.

(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 Cover: No. of days insured \_\_\_\_\_ x Number of Insured Persons \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

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

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

SECURITY & GENERAL INSURANCE COMPANY LIMITED  
Personal & Business Insurance  
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