

PROPOSAL FORM

THIRD PARTY MOTOR CYCLE INSURANCE

Road User

IMPORTANT: You must inform British Caymanian Insurance Company Limited (BritCay) of all the facts likely to influence the acceptance and rating of your proposal. If you withhold information, any policy subsequently issued may be declared void. All questions must be answered.

WARNING: This policy cover is restricted to use of the insured motorcycle by the named policyholder only. Liability is not extended to provide cover for any passengers.

PART 1 DETAILS OF APPLICANT												
Full Name												
Residential Address												
Mailing Address												
Contact Nos.	E	Email										
Date of Birth (DD/MM/YY)		Occupation										
PART 2 DETAILS OF THE VEHICLE												
Registration Number Year of Manufacture	Make and Model Engine Capacity			VIN								
Are you the owner of the vehicle?				☐ Yes	□ No							
If No, please give details of the owner:												
Are you the registered owner of the vehicle?	☐ Yes	□ No										
If No, please give details of the registered owner:												
PART 3 DETAILS OF YOUR PREVIOUS DRIV	VING EXPER	RIENCE										
For the following questions please tick Yes or No. If you tick Yes, please give details below:												
 Do you hold a provisional Cayman motorcycle driving licence? 	□ Yes □ No	What is the date of your test?										
Do you hold a full Cayman motorcycle driving licence?	□ Yes □ No	What was the initial date of issue?										
3. Have you been convicted of any traffic offences in the last 5 years?	□ Yes □ No	If Yes, please include date, offence, and penalty for each conviction.										
4. Have you received notice of intended prosecution for any traffic offence?	□ Yes □ No											
5. Has any insurance company declined to insure you, required increased premiums, imposed any special conditions or refused to renew any policy you have held?	□ Yes □ No											
Do you hold or have you held a motorcycle policy with British Caymanian or any other insurer?	□ Yes □ No	Include name of insu	urer and policy num	ber.								



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7.	Are you entitl	ed to a No Claims I	Discount?	☐ Yes	s 🗆 No	Please a	ittach proof o	f bonus.	
8.		or have you ever s llness or disability?	uffered, from	□ Yes	s 🗆 No				
9.	Have you had in the last five	any motor accider years?	its or claims	□ Yes	s 🗆 No	Include	date, circums	tances and total paid to all parties.	
10.		rcycle been special dapted to give imp		□ Yes	s 🗆 No				
11.		rcycle be used for a d/or domestic purp		□ Yes	s 🗆 No				
PAI	RT 4 DEG	CLARATION							
I/We wish to effect an insurance with British Caymanian Insurance Company Limited (BritCay). I/We declare that the above statements and particulars are complete and correct, and no material fact has been mis-represented, mis-stated or withheld. I/We agree that this proposal shall form the basis of the contract between me/us and BritCay'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 BritCay. I/We understand that the Liability of the Insurers does not commence until the Proposal has been accepted by the Insurers. (If you have not personally completed the answers to the questions, you should check them carefully before signing this declaration).									
Sigr	Signature Date								
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	be completed y the Agent	Policy No.	From:	a or ins	Surance To:		Premium \$	Agent Name	

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Personal and Business Insurance