

## Road User

**NB:** You must inform British Caymanian Insurance Company (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.

### PART 1 DETAILS OF VEHICLE OWNER

Name \_\_\_\_\_

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

Email Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_ Cellular No. \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Type of Insurance requested (tick whichever is applicable):  Comprehensive  Third Party

### PART 2 DETAILS OF THE VEHICLE

Registration Number	Year of Manufacture	Make and Model	Engine Capacity	No. of Passengers	VIN	Current Value (Estimated)

Is the vehicle a soft top or hard top convertible?  Yes  No

Does the vehicle have any modifications?  Yes  No

If Yes, please state details and value: \_\_\_\_\_

Is the vehicle subject to a loan?  Yes  No

If Yes, at which Bank or Institution? \_\_\_\_\_

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 DRIVING EXPERIENCE

1. How long have you driven private cars? No. of years: \_\_\_\_\_

2. When did you first hold a full Cayman driving licence? Date: \_\_\_\_\_

For the following questions please tick Yes or No.

If Yes, please give details:

3. Have you been convicted of any traffic offences in the last 5 years?  Yes  No

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 or imposed any special conditions?  Yes  No

6. Do you hold or have you held a motor policy with British Caymanian or any other insurer?  Yes  No

Include name of insurer and policy number.

7. Are you entitled to a No Claims Discount?  Yes  No

Please attach proof of bonus.

### Road User

8. Do you suffer, or have you ever suffered, from any physical illness or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Have you had any motor accidents or claims in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Include date, circumstances and total paid to all parties.
10. Have you ever sustained a loss arising from fire damage to a motor vehicle and/or inundation of the sea?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Will you be the only driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, answer the following questions on additional drivers:
a) Have they been convicted of any traffic offences in the last five years, or is any such prosecution pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Have they had any motor accidents in the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Have they ever been refused insurance cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Do they have, or have they ever suffered from, any physical illness or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### PART 4 DECLARATION

I/We wish to effect an insurance with British Caymanian Insurance Company Limited. 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 British Caymanian'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 British Caymanian. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

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

You may on occasion be contacted by a company within the Coralisle Group Ltd. with offers and/or information in respect of other Coralisle Group Ltd. products. We confirm that only your contact details will be available to Coralisle Group Ltd. personnel for such purposes and that your private information will not otherwise be transferred between Coralisle Group Ltd. companies or to any other third parties without your consent to do so.

If you DO NOT wish to be contacted in this manner by Coralisle Group Ltd. personnel, please check here . Note that unless you check this box, Coralisle will consider and operate on the basis that you have provided your express consent to the exchange of your contact details only between Coralisle personnel for the limited and specific purposes described above.

To be completed by the Agent	Policy No.	Period of Insurance		Premium	Agent Name
		From:	To:	\$	