



BRITCAY

FOR OFFICE USE ONLY

Policy No.	Period of Insurance		Agent	Premium
	From:	To:		CI\$

IMPORTANT: You must inform British Caymanian of all 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.

SECTION A DETAILS OF APPLICANT

Name _____

Mailing Address _____

Email Address _____ Telephone No. _____

Fax No. _____ Cellular No. _____

Occupation/Type of Business _____ Date of Birth _____

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

SECTION B DETAILS OF THE VEHICLE(S)

Registration Number	Year of Manufacture	Make and Model	Engine Capacity	VIN	Estimated Value

Are you the owner of the vehicle(s)/trailer(s)? Yes No

If No, please give details of the owner: _____

Are you the registered owner of the vehicle(s)/trailer(s)? Yes No

If No, please give details of the registered owner: _____

Are any of the vehicles articulated? Yes No

Do any of the vehicles carry passengers? Yes No

If Yes, what is the maximum number carried at any one time? _____

Do you carry any inflammable, toxic, corrosive, explosive or otherwise dangerous substances? Yes No

If Yes, please give details: _____

State the general nature of the goods carried: _____

Are any of the vehicles subject to a loan? Yes No

If Yes, at which Bank or Institution? _____

SECTION C DETAILS OF THE DRIVER(S)

Have you or any person who, to your knowledge, will drive the vehicle(s):

- 1. been convicted of any traffic offences in the last 5 years, or is any such prosecution pending? Yes No
- 2. received notice of intended prosecution for any traffic offence? Yes No
- 3. ever been refused insurance, been quoted an increased premium or had any special terms imposed? Yes No
- 4. ever suffered from any heart complaint, diabetes, epilepsy or any other mental or physical infirmity? Yes No

If Yes, please give details:

Include date, offence, and penalty for each conviction.

Are any of the drivers under the age of 25? Yes No

If yes, please provide the following information:

Name	Age	Date driving licence issued for your class of vehicle

Give particulars below of any accidents or losses during the last five (5) years in connection with any motor vehicle owned, driven or used by you or any person permitted to drive, including vehicles which are not the subject of this proposal. All accidents and losses must be included whether insured or uninsured and whether they resulted in a claim or not. If there were no accidents, please say so.

Driver's Name	Date of Accident	Cost (paid or estimate)	Nature of Payment e.g. own damage, 3rd party	Brief details of incident

SECTION D DECLARATION

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. 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).

Signature _____ Date _____

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 Personal & Business Insurance
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