



BRITCAY

NB: You must inform British Caymanian Insurance 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.

SECTION 1 DETAILS OF VEHICLE OWNER/INSURED

Full Name _____
Policy No. _____ Vehicle Registration No. _____

SECTION 2 DETAILS OF ADDITIONAL DRIVER

Full Name _____ Date of Birth (dd/mm/yy) _____
Mailing Address _____
Email Address _____ Occupation _____
Contact Nos: Cellular _____ Work/Other _____

- 1. How long have you driven motor vehicles?
2. When did you first hold a full Cayman driver's licence?
3. Do you currently hold a valid Cayman Islands Drivers Licence for the vehicle described in Section 1?
4. Please provide your Driver's Licence number
5. Have you been convicted of any traffic offences in the last five years?
6. Have you received notice of intended prosecution for any traffic offence?
7. Has British Caymanian Insurance 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?
8. Do you hold or have you held a motor policy with BritCay or any other insurer?
9. Do you currently have or have you ever suffered from any physical illness or disability that affects your ability to drive?
10. Have you had any motor accidents and/or claims and/or losses in the last five years?

Table with columns: No. of Years, Date, Date(s), Offence(s), Penalty(ies), Details, Policy No(s), Details. Includes instruction: Please provide details in Section 4 (over).

NB: You must note all accidents/claims/losses. If you require more space than is provided over, please use an additional sheet.

SECTION 3 DECLARATION BY INSURED AND ADDITIONAL DRIVER

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 Addendum, together with the Proposal Form previously signed by the Insured with respect to the above-mentioned motor vehicle, shall form the basis of the contract between me/us and British Caymanian Insurance Company Limited (BritCay) and I/we agree to accept BritCay's usual form of policy for insurances of this nature. If this Proposal has been written by anyone else, that person is my/our agent for that purpose and not the agent of BritCay. I/We hereby agree to immediately declare all subsequent accidents and/or convictions. 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 these questions, you should check them carefully before signing this declaration.)

Insured/Owner Signature _____ Date _____
Additional Driver Signature _____ Date _____

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

SECTION 4 DETAILS OF ACCIDENTS, CLAIMS OR LOSSES (Continuation of Section 2, Question 10)

Date of Accident/Claim/Loss _____ Time of Accident _____ am/pm

How many vehicles were involved? _____ Total Value of the Claim \$ _____

Were you charged with or convicted of an offence? No Yes If Yes, please give full details: _____

Full Details of Accident/Claim/Loss _____

Was anyone injured? No Yes If Yes, please give full details: _____

Did the Loss involve fire or theft of the vehicle? No Yes If Yes, please give full details: _____

Date of Accident/Claim/Loss _____ Time of Accident _____ am/pm

How many vehicles were involved? _____ Total Value of the Claim \$ _____

Were you charged with or convicted of an offence? No Yes If Yes, please give full details: _____

Full Details of Accident/Claim/Loss _____

Was anyone injured? No Yes If Yes, please give full details: _____

Did the Loss involve fire or theft of the vehicle? No Yes If Yes, please give full details: _____

Date of Accident/Claim/Loss _____ Time of Accident _____ am/pm

How many vehicles were involved? _____ Total Value of the Claim \$ _____

Were you charged with or convicted of an offence? No Yes If Yes, please give full details: _____

Full Details of Accident/Claim/Loss _____

Was anyone injured? No Yes If Yes, please give full details: _____

Did the Loss involve fire or theft of the vehicle? No Yes If Yes, please give full details: _____

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