



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.

**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.

**SECTION A** DETAILS OF APPLICANT

Name \_\_\_\_\_

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

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

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

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

**SECTION B** 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: \_\_\_\_\_

**SECTION C** DETAILS OF YOUR PREVIOUS DRIVING EXPERIENCE

For the following questions please tick Yes or No.

- Do you hold a provisional Cayman motorcycle driving licence?  Yes  No
- Do you hold a full Cayman motorcycle driving licence?  Yes  No
- Have you been convicted of any traffic offences in the last 5 years?  Yes  No
- Have you received notice of intended prosecution for any traffic offence?  Yes  No
- 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

If you tick Yes, please give details below:

What is the date of your test?
What was the initial date of issue?
If Yes, please include date, offence, and penalty for each conviction.

If you tick Yes to any answers, please give details below:

- 6. Do you hold or have you held a motorcycle policy with British Caymanian or any other insurer?  Yes  No
- 7. Are you entitled to a No Claims Discount?  Yes  No
- 8. Do you suffer, or have you ever suffered, from any physical illness or disability?  Yes  No
- 9. Have you had any motor accidents or claims in the last five years?  Yes  No
- 10. Has the motorcycle been specially tuned, modified or adapted to give improved performance?  Yes  No
- 11. Will the motorcycle be used for anything other than social and/or domestic purposes?  Yes  No

	Include name of insurer and policy number:
	Please attach proof of bonus.
	Include date, circumstances and total paid to all parties.

**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. 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).

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



**BRITCAY**

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