



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 _____ Date of Birth _____

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

SECTION B 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? Yes No

Details and value of any modifications: _____

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: _____

SECTION C 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.

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

4. Have you received notice of intended prosecution for any traffic offence? Yes No

If Yes, please give details:

Include date, offence, and penalty for each conviction.

5. Has any insurance company declined to insure you, required increased premiums or imposed any special conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do you hold or have you held a motor policy with British Caymanian or any other insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Include name of insurer and policy number:
7. Are you entitled to a No Claims Discount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please attach proof of bonus.
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, please 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	

SECTION D 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 _____



BRITCAY

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 Personal & Business Insurance
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A member of Colonial Group International Ltd.
 Insurance, Health, Pensions, Life