



Road User

IMPORTANT: You must inform CG Atlantic General of all facts likely to influence the acceptance and rating of your Proposal. If you withhold information, any policy subsequently issued may be declared to be void. All questions must be answered.

PART 1 DETAILS OF APPLICANT

Full Name _____

Policy No. _____ Vehicle Registration No. _____

PART 2 DETAILS OF ADDITIONAL DRIVER

Full Name _____ NIB No. _____

Mailing Address _____

Email Address _____ Date of Birth (DD/MMM/YY) _____

Contact No. (Home) _____ (Work) _____ (Cell) _____

Occupation (Full Time) _____ Occupation (Part Time) _____

- 1. How long have you driven motor cars?
- 2. When did you first hold a full Drivers Licence?
- 3. Do you currently hold a valid locally-issued Drivers Licence for the vehicle described in the Proposal Form? No Yes
- 4. Please provide your Driver's Licence number.
- 5. Have you been convicted of any traffic offences in the last five years? No Yes

NB: You must note all such offences.

No. of Years
Date
Date(s)
Offence(s)
Penalty(ies)
Details
Details
Policy No.
Details
If Yes, please provide details in Part 4

- 6. Have you received notice of intended prosecution for any traffic offence? No Yes
- 7. Has CG Atlantic General 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? No Yes
- 8. Do you hold or have you held a motor policy with CG Atlantic General or any other insurer? No Yes
- 9. Do you currently have or have you ever suffered from any physical illness or disability that affects your ability to drive? No Yes
- 10. Have you had any motor accidents and/or claims and/or losses in the last five years? No Yes

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



Road User

PART 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 CG Atlantic General and I/we agree to accept CG Atlantic General'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 CG Atlantic General. I/We hereby agree to immediately declare all subsequent accidents and/or convictions. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG Atlantic General Insurance Ltd. may process any and all of the personal data provided.
- I consent to CG Atlantic General Insurance Ltd. processing my personal data, in accordance with CG Atlantic General Insurance Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG Atlantic General Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG Atlantic General Insurance Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Insured Print Name _____

Insured Signature _____ Date _____

Additional Driver Print Name _____

Additional Driver Signature _____ Date _____

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



Road User

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

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

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: _____