



### Road User

**IMPORTANT:** You must inform CG Atlantic General Insurance Ltd. 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 \_\_\_\_\_ NIB No. \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Email Address \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_  
 Contact No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Occupation (Full Time) \_\_\_\_\_ Employer \_\_\_\_\_  
 Occupation (Part Time) \_\_\_\_\_ Employer \_\_\_\_\_  
 Description of Business \_\_\_\_\_

#### PART 2 INSURANCE REQUIREMENTS

Which level of insurance do you require?  Comprehensive  Third Party

#### PART 3 DETAILS OF MOTOR VEHICLE

Class of Vehicle  Heavy Truck  Intermediate Truck  Light Truck  Mini Bus  Taxi  Van  
 Make of Vehicle \_\_\_\_\_ Registration No. \_\_\_\_\_ Price Paid \_\_\_\_\_  
 Year of Manufacture \_\_\_\_\_ Chassis No. \_\_\_\_\_  
 Date of Purchase \_\_\_\_\_ Engine Capacity \_\_\_\_\_ Estimated Value \_\_\_\_\_  
 Has the vehicle been modified in any way?  Yes  No If Yes, please provide details and value of the modifications:

Are you the owner of the Vehicle?  No  Yes  
 Are you the licenced owner of the Vehicle?  No  Yes  
 Is your Vehicle the subject of a bank loan?  No  Yes  
 Do you rent out the Vehicle?  No  Yes  
 Are any of your Vehicles articulated?  No  Yes  
 Does your Vehicle have a crane/excavator or other plant/equipment attached?  No  Yes  
 Do you carry passengers?  No  Yes  
 Is the vehicle used airside on Airport Property?  No  Yes  
 Do you carry any inflammable, toxic, corrosive explosives or otherwise dangerous substances?  No  Yes  
 State general nature of goods carried.

If not, who is? What is the relationship between you?
If not, who is?
If Yes, Bank Name:
If Yes, what is the maximum carried at any one time?

#### PART 4 DETAILS OF DRIVING EXPERIENCE

For the following questions, give details for both yourself and all other regular drivers of this vehicle (except No. 8).

	Insured	Regular Driver	Regular Driver
1. Name of each regular driver			
2. Current age and date of birth of each driver			
3. a. If any drivers are under age 22, what date did they first obtain a Licence for your class of vehicle.			
b. Does each regular driver have a valid licence for this vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes			

If Yes, please provide copies of the drivers licence for ALL regular drivers showing date of birth and classes of vehicle covered.



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4. Have you or any other regular driver been convicted of any traffic offences in the last five years? Please note all such offences.  No  Yes

Date(s)	Date(s)	Date(s)
Offence(s)	Offence(s)	Offence(s)
Penalty(ies)	Penalty(ies)	Penalty(ies)

5. Have you or any other regular driver ever been insured with CG Atlantic General for Motor Insurance?  No  Yes

Policy No.	Policy No.	Policy No.
Name	Name	Name

6. Has CG Atlantic General, or any other insurance company, declined to insure you or any other regular driver, required increased premiums, imposed special conditions, cancelled or refused to renew any policy you have or have held?  No  Yes

Details	Details	Details
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7. Do you or any other regular drivers currently have/ever suffered from any physical illness or disability that affects your ability to drive?  No  Yes

If Yes, please provide details on the Road User Health Questionnaire.

8. Are you entitled to a No Claims Discount? (Applicant only)  No  Yes

If Yes, please attach proof of bonus. Applies to applicant only. Alternatively, provide relevant Policy Number and name of last/current insurer.

9. Have you or any other regular driver had any motor accidents, claims or losses in the last five years?  No  Yes

If Yes, please provide details on the Road User Proposal Form Supplemental Sheet. NB: You must note all accidents/claims/losses.

**PART 5 DECLARATION OF APPLICANT**

I/We wish to effect an insurance with CG Atlantic General Insurance Ltd. 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 proposal 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 agent for that purpose and not the agent of CG Atlantic General. I 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.cgoralisle.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.



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**Data Protection Act:** By my signature below I hereby accept and authorize the dissemination of any of the information contained in this form subject only to such information being released/used for the purposes of any legal action (for which an indemnity is granted under the policy to which this form relates) and/or to any Professional or other body/ Association having a right or need to know such information, e.g., Police/Road Traffic/Insurer (in respect to NCD enquiry)/Bahamas Insurance Association (Claims Bank).

Print Name \_\_\_\_\_

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

To be completed by the Agent/Broker	Policy No.	Period of Insurance		Premium	Replacement? <input type="checkbox"/> No <input type="checkbox"/> Yes
		From:	To:	\$	If Yes, Cancel Policy No.:

For Office Use Only	Agent/Broker	F.A.P.	Comm	N.C.D.	Special Instructions
			%		