



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 _____ 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 _____

PART 2 INSURANCE REQUIREMENTS

Which level of insurance do you require? Comprehensive with Protected NCD Cover and Loss of Use Benefit
 Third Party with Collision and Loss of Use Benefit
 with Windscreen and Loss of Use Benefit
 Third Party Fire & Theft

PART 3 DETAILS OF MOTOR VEHICLE

Are you the owner of the car? No Yes Is your vehicle the subject of a loan? No Yes
Are you the registered owner? No Yes If Yes, please provide Bank name: _____
Make/Model of Car _____ 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:

Will the vehicle be used solely for social, domestic, pleasure and commuting purposes? No Yes

PART 4 DETAILS OF APPLICANT'S DRIVING EXPERIENCE

1. Do You currently hold a valid Bahamian or Turks & Caicos Islands Drivers Licence for the vehicle noted above?
 No Yes If Yes, year first licensed _____
2. Have You been convicted of any traffic offences in the last five years? No Yes If Yes, please note all such offences:
Date _____ Offence _____ Penalty _____
Date _____ Offence _____ Penalty _____
3. Have You received notice of intended prosecution for any traffic offence? No Yes If Yes, please provide details:

4. Do You hold, or have You held, a motor policy with CG Atlantic General or any other insurer? No Yes
If Yes, please provide Policy No. _____
5. 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
If Yes, please provide details: _____
6. Are You entitled to a No Claims Discount? No Yes If Yes, please attach proof of bonus or provide following details:
Relevant Policy Number _____ Name of Insurer _____
7. Do You currently/have You ever suffered from any physical illness/disability that affects Your ability to drive No Yes
If Yes, please provide details on the Road User Health Questionnaire.
8. Have You had any motor accidents and/or claims and/or losses in the last five years? No Yes If Yes, please provide details on the Road User Proposal Form Supplemental Sheet.



Road User

PART 5 DETAILS OF OTHER KNOWN DRIVERS

	Other Known Driver 1	Other Known Driver 2	Other Known Driver 3
Name of Driver			
Driver's Licence No.			
Date of Birth (DD/MM/YY)			
Occupation/Employer			
No. of Years Driving			
Relationship to Applicant			
Any known Disabilities			
How often will you use the vehicle each week?			
Provide details of all other Motor Insurance Policies			
Ever had Insurance cancelled or refused?			
Detail any Offences or Convictions (excl. parking)			

IMPORTANT: If any of the above-named drivers has had any motor accidents and/or claims and/or losses in the last five years, please provide details on the Road User Proposal Form Supplemental Sheet.

DECLARATION: After enquiry, I/We verify that the Driver(s) named above have declared that the statements and particulars provided here are complete and correct, and no material fact has been misrepresented, misstated or withheld.

Applicant's Signature _____ Date _____

PART 6 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.



Road User

- 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.

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
			%		