Bahamas FIRST

**Travel Insurance Proposal Form**
**This proposal form must be completed by a duly authorized Company Representative.**

## Contact Details

| | |
|---|---|
| Company Name: | |
| Mailing Address: | |
| Contact Name: | |
| Tel No | |
| Email Address: | |
| Company Website: | |

## Travel Details

What is the period of your journey?
(Please indicate day(s), week(s), month(s), year)

What countries will you be visiting?

| Country | Purpose of Trip |
|---|---|
| | |
| | |
| | |
| | |

Will the insured be travelling?

If no, will there be any other persons to be insured?

*Insured Travelers (List all persons travelling)*

| Name | Loss of Deposit/Tours | Personal Accident | Medical/Out of Pocket Expenses | Baggage |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

## Travel Details

Are you travelling with any one item greater than $750.00?

Baggage Items

| Passenger Name | Item Description | Item Value |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

If you or any member of your family are insuring for Personal accident, please give details of any Personal Accident policies already in force.

Total Sum Insured

Have you ever submitted a proposal for Travel insurance to any insurer? If yes, which insurer and what was the result?

Has an increased rate or any special conditions been imposed? If yes, please provide details.

Deductible

Travel Coupon Code

## Your Insurance History

| | |
|---|---|
| Reason for Policy? | |
| Any other Policies with Cayman First/Bahamas First? If yes, provide details. | |
| Have you, Directors or Partners: | |
| Ever been refused insurance or had special terms applied? If yes, please provide details. | |
| Any claims during the last 5 years? If yes, please provide details. | |
| Any non-motor convictions? If yes, please provide details. | |
| Ever been declared bankrupt? If yes, please provide details. | |
| Ever had a loss under a Travel policy? If yes, total number of claims made. | |

## Currency

| | |
|---|---|
| Please state currency to apply to the policy | |

## Associated Clients

| Name | Association |
|---|---|
| | |
| | |
| | |

## Cover Start Date

| | |
|---|---|
| Please state date you wish cover to start | |

## Declaration

**Please read this very carefully and if acceptable then sign and date below.**
**You should show this declaration to anyone who has an interest in property insured under this policy.**

I/we declare that, to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will entitle Bahamas First Insurance Company Limited to void this insurance. A material fact is one likely to influence acceptance or assessment of this proposal by Bahamas First Insurance Company Limited. If you are in any doubt as to what constitutes a material fact, you should consult Bahamas First Insurance Company Limited.

I/we agree that this proposal forms the basis of the contract between me/us and Bahamas First Insurance Company Limited and I/we accept and abide by the terms and conditions of the policy to be issued. I/we confirm that I/we have seen or have been given the opportunity to see a copy of the full policy wording.

I/we understand that my/our personal details may be passed to, or used by, third parties such as claims administrators, loss adjusters or fraud investigators or other insurance companies or their agents for the purpose of my/our insurance.

I/we also agree that Bahamas First Insurance Company Limited may share my/our information with certain companies that perform marketing or other services for, or with, Bahamas First Insurance Company Limited.

Signature of proposer:..... Date DD/MM/YY):.....

Signature of proposer:..... Date(DD/MM/YY):.....

**COPY OF THE POLICY WORDING IS AVAILABLE UPON REQUEST**

**IMPORTANT NOTE - PLEASE NOTE THAT COVER CAN ONLY START IF A) BAHAMAS FIRST INSURANCE COMPANY LIMITED HAVE ADVISED THAT THE PROPOSAL FORM IS ACCEPTABLE B) ANY OTHER REQUIREMENTS FROM BAHAMAS FIRST INSURANCE COMPANY LIMITED HAVE BEEN MET AND C) THE REQUIRED PREMIUM PAYMENT IS MADE.**