RoyalStar Assurance

Private Car PROPOSAL

ISSUED BY

Before completing this Proposal please note specially that failure to disclose all material information i.e. information which is likely to influence the acceptance of the risk and the terms applied, could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed. PLEASE ALSO READ THE IMPORTANT NOTICE AT THE END OF THIS PROPOSAL.

Use Block capitals throughout. Insert 'Yes' or 'No' answers in the boxes marked*

It is an offence under the Road Traffic Act to make any false statement or withhold any material information to obtain a Certificate of Motor Insurance.

YOU THE PROPOSER

Forenames (Mr/Mrs/Miss)	Surname

Occupation and nature of business

Address for correspondence		Phone Contacts		
P. O. Box	Your e-mail address	Business	Cell	Home

Address at which the car is normally kept	

YOUR INSURANCE REQUIREMENT

Type of cover required: Comprehensive ☐ Comprehensive Silver ☐ Comprehensive Gold ☐ Third Party Plus ☐ Third Party Only ☐

Comprehensive cover includes windshield/glass breakage and windstorm and flood perils

YOUR CAR(S)

Serial or Chassis Number	Make and Model	Seating Capacity	Type of Body e.g. sedan, convertible, etc.	Engine capacity	Year of make	Date of purchase

1. Do you own the car? (for the purposes of this question buying the car under a bank loan signifies ownership)	*	If 'No'
2. Does a bank or finance company have an interest in the car?	*	If 'Yes' Bank: Branch:
3. To your knowledge has the vehicle ever been involved in an accident?	*	If 'Yes'
4. Has the car been modified or converted in any way?	*	If 'Yes'

* Please attach relevant documentation

5. Full name and address of vendor of vehicle (attach copy of Bill of Sale or Certificate of title where an import)

Name		Purchase Price	
Address		US$ or Bahamian $	
Phone Contact(s)	Business	Duty & Freight (where applicable)	
	Home	Other expenditure (where applicable)	
	Cell		
Date of purchase			

Insured's estimate of value $ Where different from above, please provide full explanation.

DRIVERS

Driving will be restricted to persons named in your Policy

6. Give details of yourself, spouse and all other drivers

Please insert Mr., Mrs. or Miss, Full Name, middle initial and surname	Occupation (If more than one, give details of each)	Date of Birth	Bahamian Driver's Licence Number	How long has such licence been held?	Likely percentage of use by each driver
Yourself					
Spouse					

7. Have you, or any driver named above:	YES	NO	If 'Yes' state:
a) had any accident, loss or claim in connection with any motor vehicle?	☐	☐	
b) had any charges and or convictions during the past 5 years of an offence in connection with a motor vehicle?	☐	☐	
c) had drivers licence suspended at anytime?	☐	☐	
d) suffered from diabetes, epilepsy, heart condition or any other physical or mental disability, infirmity or disease?	☐	☐	
e) had motor insurance declined or cancelled?	☐	☐	

8. Are you now, or have you been insured in respect of any motor vehicle?	*	If 'Yes', state:
Present Insurer and Policy Number	Past Insurer and Policy Number (if applicable)	
9. If entitled to No Claims Discount/Bonus from past and/or previous insurers, state number of years entitlement - and attach renewal notice or other confirmation of entitlement		

Note: No insurance is in force until a temporary cover note or Certificate of Motor Insurance has been delivered to the Proposer.

IMPORTANT - THE PROPOSER MUST READ THE DECLARATION BELOW BEFORE SIGNING

DECLARATION

I declare to the best of my knowledge and belief the statements made by me or written in the answer to the questions on this form on my behalf by the agent are true and complete, and I have not withheld any information material to this proposal. I accept full responsibility for the statements made on my behalf. I understand that the car to be insured will be kept in roadworthy condition and will not be driven by any person who to my knowledge has been refused motor vehicle insurance or continuance thereof. I agree that this proposal and declaration shall be incorporated in the contract between me and The Insurers and I agree to be bounded by the terms of the policy.

Please Initial ☐

Signature	Date

ELECTRONIC COMMUNICATIONS AGREEMENT

By signing this proposal I agree to electronic communications with Abaco Insurance Agency Limited and to the electronic delivery of my Policy Documents & Notices relevant to the renewal of The Policy. I agree to advice Abaco Insurance Agency Limited of any change in my email address to ensure safe delivery of all communications and documentation.

In the event I am unable to receive electronic communications, I agree to collect my Policy Documentation & Notices from the offices of Abaco Insurance Agency Limited.

Original Policy Documentation, Notices & communications may be collected from the offices of Abaco Insurance Agency Limited at any time.

This agreement my be rescinded at any time by advising us in writing.

RoyalStar Assurance Ltd.

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