

Road User

NB: You must inform British Caymanian Insurance Company (BritCay) of all the facts likely to influence the acceptance and rating of your proposal. If you withhold information, any policy subsequently issued may be declared void. All questions must be answered.

PART 1 VEHICLE OWNER

Full Name _____

Policy No. _____ Vehicle Registration No. _____

PART 2 DETAILS OF ADDITIONAL DRIVER

Full Name _____

Residential Address _____

Mailing Address _____

Contact Nos. _____ Email _____

Date of Birth (DD/MM/YY) _____ Occupation _____

1. How long have you driven motor cars?
2. When did you first hold a Cayman Islands Private car licence?
3. Do you currently hold a valid Cayman Islands Drivers Licence for the vehicle described in Section 1? 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.
6. Have you received notice of intended prosecution for any traffic offence? No Yes
7. Has BritCay or any other insurance company declined to insure you, required increased premiums, imposed special conditions, cancelled or refused to renew any policy you have/have held? No Yes
8. Do you hold or have you held a motor policy with BritCay 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

No. of Years
Date
Date(s) Offence(s)
Penalty(ies)
Details
Details
Policy No.
Details
Please provide details in Part 4 (over).

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

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 British Caymanian Insurance Company Limited (BritCay) and I/we agree to accept BritCay'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 BritCay. I/We hereby agree to immediately declare all subsequent accidents and/or convictions. We understand that the Liability of the Insurers does not commence until the Proposal has been accepted by the Insurers. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

Insured Name _____ Signature _____ Date _____

Additional Driver Name _____ Signature _____ Date _____

Road User

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

1. 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: _____

2. 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: _____

3. 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: _____

4. 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: _____

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