

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 DETAILS OF VEHICLE OWNER

Name _____

Mailing Address _____

Email Address _____ Telephone No. _____

Fax No. _____ Cellular No. _____

Occupation _____ Date of Birth _____

Type of Insurance requested (tick whichever is applicable): Comprehensive Third Party

PART 2 DETAILS OF THE VEHICLE

Registration Number	Year of Manufacture	Make and Model	Engine Capacity	No. of Passengers	VIN	Current Value (Estimated)

Is the vehicle a soft top or hard top convertible? Yes No

Does the vehicle have any modifications? Yes No

If Yes, please state details and value: _____

Is the vehicle subject to a loan? Yes No

If Yes, at which Bank or Institution? _____

Are you the owner of the vehicle? Yes No

If No, please give details of the owner: _____

Are you the registered owner of the vehicle? Yes No

If No, please give details of the registered owner: _____

PART 3 DETAILS OF YOUR PREVIOUS DRIVING EXPERIENCE

1. How long have you driven private cars? No. of years:

2. When did you first hold a full Cayman driving licence? Date:

For the following questions please tick Yes or No.

If Yes, please give details:

3. Have you been convicted of any traffic offences in the last 5 years? Yes No

Include date, offence, and penalty for each conviction.

4. Have you received notice of intended prosecution for any traffic offence? Yes No

5. Has any insurance company declined to insure you, required increased premiums or imposed any special conditions? Yes No

Road User

6. Do you hold or have you held a motor policy with British Caymanian or any other insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Include name of insurer and policy number.
7. Are you entitled to a No Claims Discount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please attach proof of bonus.
8. Do you suffer, or have you ever suffered, from any physical illness or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Have you had any motor accidents or claims in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Include date, circumstances and total paid to all parties.
10. Have you ever sustained a loss arising from fire damage to a motor vehicle and/or inundation of the sea?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Will you be the only driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, answer the following questions on additional drivers:
a) Have they been convicted of any traffic offences in the last five years, or is any such prosecution pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Have they had any motor accidents in the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Have they ever been refused insurance cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Do they have, or have they ever suffered from, any physical illness or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 4 DECLARATION

I/We wish to effect an insurance with British Caymanian Insurance Company Limited (“CG BritCay”). I/We declare that the above statements and particulars are complete and correct, and no material fact has been mis-represented, mis-stated or withheld. I/We agree that this proposal shall form the basis of the contract between me/us and CG BritCay’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 BritCay. (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 BritCay may process any and all of the personal data provided.
- I consent to CG BritCay processing my personal data, in accordance with CG BritCay’s Privacy Policy (<https://international.cgcoralisle.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 BritCay in respect of any third party, is done with that third party's consent and knowledge of CG BritCay 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.

Signature: _____ Date: _____

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