

Road User

IMPORTANT: You must inform British Caymanian Insurance Company Limited (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.

WARNING: This policy cover is restricted to use of the insured motorcycle by the named policyholder only. Liability is not extended to provide cover for any passengers.

PART 1 DETAILS OF APPLICANT

Full Name _____
 Residential Address _____
 Mailing Address _____
 Contact Nos. _____ Email _____
 Date of Birth (DD/MM/YY) _____ Occupation _____

PART 2 DETAILS OF THE VEHICLE

Registration Number	Year of Manufacture	Make and Model	Engine Capacity	VIN

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

For the following questions please tick Yes or No.

If you tick Yes, please give details below:

- Do you hold a provisional Cayman motorcycle driving licence? Yes No
- Do you hold a full Cayman motorcycle driving licence? Yes No
- Have you been convicted of any traffic offences in the last 5 years? Yes No
- Have you received notice of intended prosecution for any traffic offence? Yes No
- Has any insurance company declined to insure you, required increased premiums, imposed any special conditions or refused to renew any policy you have held? Yes No
- Do you hold or have you held a motorcycle policy with British Caymanian or any other insurer? Yes No
- Are you entitled to a No Claims Discount? Yes No

What is the date of your test?
What was the initial date of issue?
If Yes, please include date, offence, and penalty for each conviction.
Include name of insurer and policy number.
Please attach proof of bonus.

Road User

8. Do you suffer, or have you ever suffered, from any physical illness or disability? Yes No
9. Have you had any motor accidents or claims in the last five years? Yes No
10. Has the motorcycle been specially tuned, modified or adapted to give improved performance? Yes No
11. Will the motorcycle be used for anything other than social and/or domestic purposes? Yes No

Include date, circumstances and total paid to all parties.	

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. I/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 the 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.
- 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:	\$	

British Caymanian Insurance Company Limited BritCay House, 236 Eastern Ave, George Town, Grand Cayman, Cayman Islands
PO Box 74, Grand Cayman, KY1-1102 Cayman Islands | Tel 345 949 8699 | Fax 345 949 8411 | www.CGCoralisle.com

Personal and Business Insurance

INSURANCE | HEALTH | PENSIONS | LIFE

A member of Coralisle Group Ltd.