



ORRY J. SANDS & CO. LTD.

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MOTOR CYCLE & GOLF CART INSURANCE PROPOSAL FORM

Unless all material facts are disclosed, this insurance could be invalidated. Material Facts are those facts an Insurer would regard as likely to influence the acceptance and/or assessment of the Proposal. If you are in any doubt about whether facts are material, you should disclose them. A copy of the completed Proposal Form will be supplied on request but you should keep a record (including copies of letters) of all information supplied to us for the purposes of entering into this contract. A specimen Policy is available on request.

DATE INSURANCE IS TO BEGIN
(which cannot be before the proposal is accepted by the Insurers)

Day	Month	Year

EXPIRY DATE

Day	Month	Year

Name of Proposer: _____ NIB#: _____

Postal Address: _____ E-mail: _____

Occupation: _____ Employer: _____ Nationality: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Address at which car is normally kept: _____ House ☐ Owned ☐
Apartment ☐ Rented ☐

YOUR VEHICLE(S)

Serial or Chassis Number	Year	Make	Model	Type of Body	Engine Capacity	Seating Capacity
Date of Purchase		Price paid by you	Insured's Estimate of Present Value			
Date of Purchase		Price paid by you	Insured's Estimate of Present Value			

	Circle One:	Please give details below:
1. Has your vehicle been modified in any way from the manufacturers' specification?	YES NO	If 'Yes'
2. Do you own the vehicle? (For the purpose of this question buying the car under a bank loan signifies ownership.)	YES NO	If 'No'
3. If a motor cycle, will it be used with a sidecar attached?	YES NO	If 'Yes'
4. Does a bank or finance company have an interest in the vehicle?	YES NO	If 'Yes'

DRIVERS

Driving will be restricted to persons named in your Policy.

Please note that copies of both sides of the driver's license for ALL drivers are required.

5. Give details of yourself and all others

Full Name	Occupation	Relationship to the Proposer	Date of Birth Day - Month - Year	Type of License	How long held	Likely % of use
			- -			
			- -			
			- -			
			- -			
			- -			
			- -			

* A medical certificate is required for any driver who is seventy years of age or older.

6.	Have you, or any of the persons who will drive:	Circle One:	Please give details below:
a)	resided outside The Bahamas during the past 3 years?	YES NO	If 'Yes'
b)	suffered from diabetes, epilepsy, heart condition or any other physical or mental disability, infirmity or disease?	YES NO	If 'Yes'
c)	ever had any motor insurance declined, cancelled, renewal not invited or had special terms imposed?	YES NO	If 'Yes'
7.	Have you, or any of the persons who will drive:		Please give name of person, date, nature of offence:
a)	been convicted during the past 5 years of an offence in connection with a motor vehicle, or are any prosecutions pending?	YES NO	If 'Yes'
b)	had a driving license suspended at any time?	YES NO	If 'Yes'
c)	held a full driving license for less than 4 years?	YES NO	If 'Yes'
d)	during the past 4 years had any accident, loss or claim in connection with any motor vehicle?	YES NO	If 'Yes'
8.	Do you now hold, or have you during the past 2 years held a motor insurance policy in your own name?	YES NO	If 'Yes' state:
	Present or Past Insurer and Policy Number:		
9.	If entitled to a No Claims Discount/Bonus from previous Insurers state number of years entitlement (and attach renewal notice or other confirmation of entitlement).		

YOUR INSURANCE REQUIREMENTS

10. Tick type of cover required: ☐ Comprehensive ☐ Third Party Only

11. Tick purposes for which vehicle will be used: ☐ Social, domestic and pleasure ☐ *Business

***If used for Business purposes, completion of a supplementary form will be required.**

Racing, competitions, trials, or rallies, or the carriage of passengers for hire or reward are excluded in all cases.

NOTICE IN ACCORDANCE WITH THE DATA PROTECTION ACT 2003

The information supplied when arranging this insurance policy may be shared for insurance purposes and services with other companies and organisations. For full details please refer to the Data Protection Act Statement available from Orry J. Sands & Co. Ltd.

DECLARATION

I/We declare that the above statements made by me/us or written in answer to the questions on this form on my/our behalf by someone else are to the best of my/our knowledge and belief true and complete, and no material fact has been misrepresented, misstated or withheld. I/We agree that this proposal shall form the basis of the contract between me/us and the Insurers and will be deemed as incorporated in the Policy to be issued.

I/We understand that in respect of comprehensive cover, in the event of the total loss of the motor vehicle, the Insurers liability shall be limited to the reasonable market value of the motor vehicle at the time of the loss but not exceeding the Insured's Estimate of Value as stated overleaf.

I/We agree that an electronically transmitted signature affixed to this document shall have the force and effect of an original signature.

Signature(s) of Proposer(s): _____ **Date:** _____

NO INSURANCE COVER IS PROVIDED UNTIL SUCH TIME AS A COVER NOTE OR CERTIFICATE OF INSURANCE HAS BEEN ISSUED ON BEHALF OF THE INSURERS.

FOR OFFICE USE ONLY

Base Premium: _____	Vehicle Group: _____
Other Factors: _____	Rating Band: _____
NCD: _____	Insurers: _____
Net Annual Premium: _____	
V.A.T.: _____	
Total Amount Payable: _____	