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COMMERCIAL VEHICLE 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: _____

Telephone: _____ Office: _____ Mobile: _____ Fax: _____

Proposer's Business / Use of Vehicles: _____

Address at which vehicles are kept: _____ Currency required (B\$ / US\$): _____

VEHICLE(S) TO BE INSURED

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

PASSENGER VEHICLES

1. a) Are passengers carried for hire or reward or any charge whatsoever made for the carriage? ☐ YES ☐ NO
- b) Does any vehicle run on a scheduled route for the carriage of passengers? ☐ YES ☐ NO
- c) Is any vehicle used for private hire? ☐ YES ☐ NO
- d) Does any vehicle ply for public hire? ☐ YES ☐ NO
- e) Is any vehicle hired out for the purpose of being driven by the hirer? ☐ YES ☐ NO

GOODS VEHICLES

2. a) Do you undertake the cartage of goods for other persons for hire or reward, or do you make any charge whatsoever to other persons for the use of any vehicle? ☐ YES ☐ NO
- b) Maker's carrying capacity: _____
- c) Is any vehicle hired out for the purpose of being driven by the hirer? ☐ YES ☐ NO
- d) Has any vehicle been altered or adapted to carry a load heavier than that stated in the Maker's published specification? ☐ YES ☐ NO
- If 'YES', give details: _____
- e) General nature of goods carried by each vehicle or trailer: _____
- f) Will any vehicle or trailer carry goods of explosive, inflammable or dangerous nature? ☐ YES ☐ NO
- If 'YES', give details: _____

TRAILERS

3. a) Will a trailer be drawn? If 'YES', state Make and Maker's No.: _____ ☐ YES ☐ NO
- b) Estimate of present value of trailer: _____ c) Maximum carrying capacity: _____
- d) If more than one trailer is drawn at a time, give details: _____

OWNERSHIP OF VEHICLES

4. a) Are you the owner of the vehicles and are they registered in your name? ☐ YES ☐ NO
- b) If 'NO', state the name and address of:
 - i) the owner: _____
 - ii) the person in whose name the vehicles are registered: _____

5. Does any finance company have an interest in the vehicles? ☐ YES ☐ NO
If 'YES', state the name and address of the finance company: _____

DRIVERS

6. Have you, or any of the persons who will drive:
- a) suffered from diabetes, epilepsy, heart condition, defective vision or hearing, or any other physical or mental disability, infirmity or disease? ☐ YES ☐ NO
If 'YES', give details: _____
- b) 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', give details: _____

7. Give the following particulars for each person to be named as an Authorized Driver on The Policy:

Full Name	Date of Birth Day-Month-Year	Period of driving experience with the type of vehicle proposed for insurance	Details of any vehicle accidents during the past 4 years

PREVIOUS INSURANCE

8. a) Have you been or are you now insured in respect of any motor vehicle? ☐ YES ☐ NO
If 'YES', state the name and address of insurer and policy or certificate number: _____
- b) Are you entitled to a 'No Claim Discount' in respect of any of the vehicles described in this proposal? ☐ YES ☐ NO
If 'YES', state the number of years entitled (and attach renewal notice or other confirmation of entitlement): _____
9. Has any insurer ever:
- a) Declined your proposal? ☐ YES ☐ NO
- b) Required you to bear the first part of any loss? ☐ YES ☐ NO
- c) Required an increased premium or imposed special conditions? ☐ YES ☐ NO
- d) Cancelled or refused to renew your policy? ☐ YES ☐ NO
- If 'YES' to any of the above, give details: _____
10. Have any accidents or losses (whether covered by insurance or not) occurred during the past 4 years in connection with any motor vehicle owned, driven or used by you? ☐ YES ☐ NO
If 'YES', give details:

Year	No.	Cost (paid or estimated)	Nature of payment (e.g. own damage, third party etc.)	Brief details of the incident

INSURANCE REQUIRED

11. Level of cover required: ☐ COMPREHENSIVE ☐ THIRD PARTY FIRE & THEFT ☐ THIRD PARTY ONLY
12. Do you wish to extend the policy to cover your legal liability to passengers (other than employees)? ☐ YES ☐ NO
- Note: This cover is compulsory for vehicles carrying passengers for hire or reward.**
This cover will only apply to passengers carried in properly constructed seats.

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 Class: _____
Other Factors: _____	Rating Band: _____
NCD: _____	Insurers: _____
Net Annual Premium: _____	Vat %: _____
Total Amount Payable: _____	