



## MOTOR INSURANCE APPLICATION FORM

PART 1: YOU / THE INSURED		
Full Name: Mr / Mrs / Ms / Company		
Address (where the vehicle located when not in use)		
Gated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Garaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:
Home Phone:	Work Phone:	Cell Phone:
P.O. Box:	Email Address:	
Employer:	Occupation:	Usual Working Hours
How long have you:	(a) been driving?	(b) held a license in The Bahamas
Type of License held?	License No.	Expiry Date:
Do you have any other insurance coverage with NAGICO? <input type="checkbox"/> Yes <input type="checkbox"/> No		( If Yes, please give details )
Have you ever or do you now hold a Motor Insurance Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		( If Yes, please give details )
Are you entitled to a No Claims Discount? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many years?		Or percentage?
(You will need to provide proof. A copy of your Renewal Notice will be deemed sufficient proof)		INITIAL
PART 2: THE VEHICLE		
Make:	Model:	Year:
Seating:	Registration No.	Engine Capacity:
Chassis/VIN:		
Purchase Date:	Purchase Price:	
Where Purchased?	Est. Value:	
If you are NOT the Registered Owner of the vehicle, please state registered Owner:		
Does a financial institution or individual have a financial interest in your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, give name)		
Have you made any conversions/modifications to the vehicle(s) including Engine, Chassis, Wheel/Rims, Stereo, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give details including value of modification		INITIAL
PART 3: USE OF VEHICLE		
Vehicle Usage: <input type="checkbox"/> Private <input type="checkbox"/> Taxi <input type="checkbox"/> Bus <input type="checkbox"/> Commercial <input type="checkbox"/> Other_____		
Will the vehicle(s) be frequently driven between the hours of midnight (12 pm) and 6 am? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details		
At any time, is it intended to use the vehicle(s) for the carriage of Goods and/or Services and/or towing of any trailer(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give details		
Does the vehicle carry any flammable, toxic, corrosive, explosive or otherwise dangerous substances? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give details		
If used as a Public Service Vehicle, who is the Franchise Owner?		
INITIAL		

#### PART 4: THE COVER

Type of Cover requested? Comprehensive Third Party Other \_\_\_\_\_  
 Vehicle (s) Usage: Private Commercial Other \_\_\_\_\_

Period of Insurance: Inception Expiry

##### Excess - Private Policy

(a) Standard \$400 (b) & (c) Young Driver or Inexperienced Driver \$600 (d) Young & Inexperienced Driver \$750  
 Hurricane/Flood - 2% of Estimated Value (minimum \$500)

Excess - Commercial Policy \$ \_\_\_\_\_ Additional Excess: Claims/Other \$ \_\_\_\_\_

Do you require: Loss of Use ☐ Yes ☐ No NCD Protection ☐ Yes ☐ No INITIAL

#### PART 5: REGULAR / ADDITIONAL DRIVERS (Please complete either Section A or B)

##### SECTION A: Details of ALL persons who will be regular drivers or named drivers to drive the vehicle.

Full Name	Date of Birth	Gender	Occupation	License Type	How Long Held

##### Have you or your spouse, or joint insured who regularly drives the vehicle(s)?

- (i) had **any** motor insurance declined or cancelled for **any** reason? ☐ Yes ☐ No  
 (ii) had your/their license suspended or withdrawn? ☐ Yes ☐ No  
 (iii) suffer from **any** physical or mental disability, infirmity, disease? ☐ Yes ☐ No  
 (iv) been convicted of or received notice of intended prosecution for **any** motor vehicle offense or otherwise? ☐ Yes ☐ No

##### SECTION B: Open Driving

Do you require open driving? ☐ Yes ☐ No If Yes, state:  
☐ Any Authorized Licensed Driver ☐ 25 years & Over ☐ 21 years & Over  
 Approximately how many persons will drive the vehicle(s) under this Policy, on a regular basis? INITIAL

#### PART 6: CLAIMS HISTORY

##### Have you, your spouse or joint insured had **any** motor accidents/claims/losses during the past three (3) years?

☐ Yes ☐ No If Yes, please give full details below (if more than 1, please use separate sheet of paper)

Date of Accident: Time of Accident:

How many vehicles were damaged? Approx. cost of damage to your vehicle(s)

Were you charged and/or convicted or is one pending? ☐ Yes ☐ No If Yes, please give full details below

Was anybody injured? ☐ Yes ☐ No If Yes, please give full details below

Did the loss involve fire or theft of the vehicle? ☐ Yes ☐ No If Yes, please give full details below

Name of the Insurer at time of loss? INITIAL

#### DECLARATION

I/WE wish to effect an insurance with NAGICO Insurance (Bahamas) Limited. I/WE declare that the above statements are complete and correct and that 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 NAGICO Insurance (Bahamas) Limited and I/WE agree to accept NAGICO Insurance (Bahamas) Limited'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 NAGICO Insurance (Bahamas) Limited. I/WE agree that the insurance cover will not be in force until the application has been accepted by NAGICO Insurance (Bahamas) Limited.

If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.

Proposer's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_