



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? Yes No

Garaged? Yes 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? Yes No

(If Yes, please give details)

Have you ever or do you now hold a Motor Insurance Policy? Yes No

(If Yes, please give details)

Are you entitled to a No Claims Discount? Yes 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)

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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? Yes No

(If Yes, give name)

Have you made any conversions/modifications to the vehicle(s) including Engine, Chassis, Wheel/Rims, Stereo, etc?

Yes No

If Yes, give details including value of modification

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PART 3: USE OF VEHICLE

Vehicle Usage: Private Taxi Bus Commercial Other

Will the vehicle(s) be frequently driven between the hours of midnight (12 pm) and 6 am? Yes 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)?

Yes No

If Yes, give details

Does the vehicle carry any flammable, toxic, corrosive, explosive or otherwise dangerous substances? Yes No

If Yes, give details

If used as a Public Service Vehicle, who is the Franchise Owner?

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PART 4: THE COVER					
Type of Cover requested?	Comprehensive	Third Party	Other	<input type="text"/>	
Vehicle (s) Usage:	Private	Commercial	Other	<input type="text"/>	
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 \$ <input type="text"/>		Additional Excess: Claims/Other \$ <input type="text"/>			
Do you require: Loss of Use <input type="checkbox"/> Yes <input type="checkbox"/> No			NCD Protection <input type="checkbox"/> Yes <input type="checkbox"/> 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
(ii) had your/their license suspended or withdrawn? <input type="checkbox"/> Yes <input type="checkbox"/> No					
(iii) suffer from any physical or mental disability, infirmity, disease? <input type="checkbox"/> Yes <input type="checkbox"/> No					
(iv) been convicted of or received notice of intended prosecution for any motor vehicle offense or otherwise? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B: Open Driving					
Do you require open driving? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state: <input type="text"/>					
<input type="checkbox"/> Any Authorized Licensed Driver <input type="checkbox"/> 25 years & Over <input type="checkbox"/> 21 years & Over					
Approximately how many persons will drive the vehicle(s) under this Policy, on a regular basis? <input type="text"/> INITIAL					
PART 6: CLAIMS HISTORY					
Have you, your spouse or joint insured had any motor accidents/claims/losses during the past three (3) years?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give full details below (if more than 1, please use separate sheet of paper)					
Date of Accident: <input type="text"/> Time of Accident: <input type="text"/>					
How many vehicles were damaged? <input type="text"/> Approx. cost of damage to your vehicle(s) <input type="text"/>					
Were you charged and/or convicted or is one pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give full details below					
Was anybody injured? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give full details below					
Did the loss involve fire or theft of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give full details below					
Name of the Insurer at time of loss? <input type="text"/> 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: