

## Road User

**IMPORTANT:** You must inform Coralisle of all facts likely to influence the acceptance and rating of your proposal. If you withhold information, any policy subsequently issued may be declared to be void. All questions must be answered.

### PART 1 DETAILS OF APPLICANT

Full Name \_\_\_\_\_  
 Residential Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Email Address \_\_\_\_\_ Home No. \_\_\_\_\_  
 Date of Birth (DD/MM/YY) \_\_\_\_\_ Cellular No. \_\_\_\_\_  
 Occupation \_\_\_\_\_ Work No. \_\_\_\_\_  
 Please give details of any current policies you hold with Coralisle \_\_\_\_\_

### PART 2 INSURANCE REQUIREMENTS

Which level of insurance do you require?  Comprehensive  Protected NCD Cover  Third Party  Third Party, Fire & Theft

### PART 3 DETAILS OF MOTOR CAR

Are you the owner of the car?  Yes  No Are you the registered owner?  Yes  No  
 Is your vehicle the subject of a loan?  Yes  No If Yes, please provide Bank name: \_\_\_\_\_  
 Make of Car \_\_\_\_\_ Registration No. \_\_\_\_\_ Price Paid \_\_\_\_\_  
 Year of Manufacture \_\_\_\_\_ Chassis No. \_\_\_\_\_ Estimated Value \_\_\_\_\_  
 Date of Purchase \_\_\_\_\_ Engine No. \_\_\_\_\_ Engine Capacity \_\_\_\_\_  
 Details and Value of Modifications \_\_\_\_\_

### PART 4 DETAILS OF PREVIOUS DRIVING EXPERIENCE

For the following questions (1 through 13), You must answer them all giving details for both yourself and all regular drivers. Please note, where the question states You, we require information about yourself and all regular drivers with the exception of question 11. If asked, You must tick Yes or No. If You tick Yes, please provide the relevant details.

	Insured	Regular Driver	Regular Driver
1. Name			
2. Date of Birth (DD/MM/YY)			
3. How long have You driven cars?	No. of Years	No. of Years	No. of Years
4. When did You first hold a Bermuda private car licence?	Date	Date	Date
5. Do You currently hold a valid Bermuda Drivers Licence for vehicle in Part 3? <input type="checkbox"/> No <input type="checkbox"/> Yes			
6. Please provide Your Driver's Licence number			
7. Have You been convicted of any traffic offences in the last five years? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date(s)	Date(s)	Date(s)
	Offence(s)	Offence(s)	Offence(s)
	Penalty(ies)	Penalty(ies)	Penalty(ies)

**NB: You must note all such offences.**

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8. Have You received notice of intended prosecution for any traffic offence?  No  Yes

9. Has Coralisle or any other insurance company declined to insure You, required increased premiums, imposed special conditions, cancelled or refused to renew any policy You have or have held?  No  Yes

10. Do You hold or have You held a motor policy with Coralisle or any other insurer?  No  Yes

11. Are You entitled to a No Claims Discount?  No  Yes

12. Do You currently have or have You ever suffered from any physical illness or disability that affects Your ability to drive?  No  Yes

13. Have You had any motor accidents and/or claims and/or losses in the last five years?  No  Yes

Insured	Regular Driver	Regular Driver
Details	Details	Details
Details	Details	Details
Policy No.	Policy No.	Policy No.
Please attach proof of bonus. Alternatively, provide relevant Policy Number and Name of Insurer:		
Details	Details	Details
Please provide details in Part 5.	Please provide details in Part 5.	Please provide details in Part 5.

**NB: You must note all accidents/claims/losses.**

**PART 5** DETAILS OF ACCIDENTS, CLAIMS OR LOSSES (Continuation of Part 4, Question 13)

Name \_\_\_\_\_

Date of Accident/Claim/Loss \_\_\_\_\_

Time of Incident \_\_\_\_\_ am/pm How many vehicles were involved? \_\_\_\_ Total Value of the Claim \$ \_\_\_\_\_

Were you charged with or convicted of an offence?  No  Yes If Yes, please give full details: \_\_\_\_\_

Full Details of Accident/Claim/Loss \_\_\_\_\_

Was anyone injured?  No  Yes If Yes, please give full details: \_\_\_\_\_

Did the Loss involve fire or theft of the vehicle?  No  Yes If Yes, please give full details: \_\_\_\_\_

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Name \_\_\_\_\_

Date of Accident/Claim/Loss \_\_\_\_\_

Time of Incident \_\_\_\_\_ am/pm How many vehicles were involved? \_\_\_\_ Total Value of the Claim \$ \_\_\_\_\_

Were you charged with or convicted of an offence?  No  Yes If Yes, please give full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full Details of Accident/Claim/Loss \_\_\_\_\_

\_\_\_\_\_

Was anyone injured?  No  Yes If Yes, please give full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the Loss involve fire or theft of the vehicle?  No  Yes If Yes, please give full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Date of Accident/Claim/Loss \_\_\_\_\_

Time of Incident \_\_\_\_\_ am/pm How many vehicles were involved? \_\_\_\_ Total Value of the Claim \$ \_\_\_\_\_

Were you charged with or convicted of an offence?  No  Yes If Yes, please give full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full Details of Accident/Claim/Loss \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was anyone injured?  No  Yes If Yes, please give full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the Loss involve fire or theft of the vehicle?  No  Yes If Yes, please give full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**PART 6** DECLARATION

I/We wish to effect an insurance with Coralisle Insurance Company Ltd. I/We declare that the above statements and particulars are complete and correct, 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 Coralisle and I/we agree to accept Coralisle's usual form of policy for insurances of this nature. If this proposal has been written by anyone else, that person is my/our agent for that purpose and not the agent of Coralisle. I/We hereby agree to immediately declare all subsequent accidents and/or convictions. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

You may on occasion be contacted by a company within the Coralisle Group with offers and/or information in respect of other Coralisle Group products. We confirm that only your contact details will be available to Coralisle Group personnel for such purposes and that your private information will not otherwise be transferred between Coralisle Group companies or to any other third parties without your consent to do so.

If you DO NOT wish to be contacted in this manner by Coralisle Group personnel, please check here . Note that unless you check this box, Coralisle will consider and operate on the basis that you have provided your express consent to the exchange of your contact details only between Coralisle personnel for the limited and specific purposes described above.

To be completed by the Agent	Policy No.	Period of Insurance		Premium	Replacement? <input type="checkbox"/> No <input type="checkbox"/> Yes
		From:	To:	\$	If Yes, Cancel Policy No.:

For Office Use Only	Agent	F.A.P.	Comm	N.C.D.	Special Instructions
			%		