



**INSURANCE MANAGEMENT
(BAHAMAS) LIMITED**

Insurance Brokers and Agents

Head Office
P. O. Box SS-6283
Rosetta Street East,
Palmdale, Nassau.
Tel: (242) 394-5555
Fax: (242) 323-6520

ADDITIONAL DRIVER PROPOSAL FORM

IMPORTANT NOTE

Unless all material facts are disclosed, the insurance may be invalidated. Material facts are those facts an Insurer would regard as likely to influence the acceptance and or the assessment of the Proposal. If you are in any doubt whether facts are material, you should disclose them.

ALL QUESTIONS MUST BE FULLY ANSWERED IN BLOCK CAPITALS OR CIRCLING THE NO/YES ANSWERS

Insured's Name _____ Policy Number _____

Vehicle to be driven _____

Additional Driver _____ P.O. Box Number _____

Telephone Numbers (H) _____ (W) _____ (Cell.) _____

Occupation _____ Employer _____ Nationality _____

Date of Birth _____ Relationship to Insured _____ Intended use of vehicle _____

Type of Licence (full, provisional) _____ Licence Number _____ Year of passing driving test _____

Have you

- a) resided outside The Bahamas during the last 3 years? NO/YES
- b) suffered from diabetes, epilepsy, heart condition, defective vision or hearing or any other physical or mental disability or infirmity? NO/YES
- c) ever had any motor insurance declined or cancelled NO/YES
- d) been convicted during the last 5 years of an offence in connection with a motor vehicle, or any prosecutions pending NO/YES
- e) had a driving licence suspended at any time? NO/YES
- f) had any accident, loss or claim in connection with a motor vehicle during the last 5 years NO/YES
- g) been or are you now insured in respect of any motor vehicle? NO/YES

If **YES** to any of the above please give details _____

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 are true and correct, and no material fact has been misrepresented, misstated or withheld. I/We agree that this form, in conjunction with the original Proposal, be incorporated in and taken as the basis of the contract between me/us and the Insurers and will be deemed as incorporated in the Policy.

Signature of Insured

Signature of Additional Driver

Date

A PHOTOCOPY OF THE ADDITIONAL DRIVERS LICENCE IS REQUIRED WITH THIS FORM. NO INSURANCE IS PROVIDED UNTIL INSURERS HAVE ISSUED A COVER NOTE OR CERTIFICATE OF INSURANCE.