

**INSURANCE MANAGEMENT (BAHAMAS) LIMITED**  
**Change of or Additional Vehicle Proposal Form**

*Unless all material facts are disclosed, the 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.*

**All questions must be fully answered, in block capitals or by circling the NO / YES answers**

1. Insured's name (Mr. /Mrs. /Miss /Ms.) \_\_\_\_\_ 2. P.O. Box number \_\_\_\_\_  
 3. Phone number (H.) \_\_\_\_\_ (W.) \_\_\_\_\_ (Cell.) \_\_\_\_\_ 4. Email address \_\_\_\_\_  
 5. Date of birth \_\_\_\_\_ 6. Loss Payee (if any) \_\_\_\_\_ 7. Intended use of vehicle \_\_\_\_\_  
 8. Details of vehicle to be insured (Note: Your estimate of value must include accessories and spare parts):

Make and model	Horsepower or engine capacity	Year of make	Chassis number or registered number	Type of body	Carrying capacity	Date of purchase	Price paid by you	Estimate of present value

9. If this vehicle replaces a vehicle at present insured, please state the chassis number of the vehicle being replaced:

10. Have you returned or are you now returning the Certificate of Insurance for the replaced vehicle? (If the Certificate is lost, please complete the attached declaration.)

11. Please circle the cover required:  
 Comprehensive                      Third Party Fire & Theft                      Third Party Only

12. Will the vehicle be driven only by you? NO / YES In respect of any other drivers, please state:

Full name	Date of birth	Occupation	How long driving	Type of licence (full, provisional)	Licence number	Year of passing driving test

13. Have you, or anyone likely to drive the vehicle:  
 a) suffered from diabetes, epilepsy, heart condition, defective vision or hearing or any other physical or mental disability, infirmity or disease? NO / YES\*  
 b) ever had any motor insurance declined or cancelled? NO / YES\*  
 c) had any accident, loss, claim or conviction in connection with any motor vehicle during the past 5 years, or have any prosecutions pending? NO / YES\*

\* If YES, please give full 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 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 \_\_\_\_\_ Date \_\_\_\_\_