



**INSURANCE MANAGEMENT  
(BAHAMAS) LIMITED**  
INSURANCE BROKERS AND AGENTS

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**PRIVATE CAR INSURANCE PROPOSAL FORM**

Unless all material facts are disclosed, this 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. A copy of the completed Proposal form will be supplied on request but you should keep a record (including copies of letters) of all information supplied to us for the purpose of entering into this contract. A specimen policy is available on request.

Please write in block capitals or tick the boxes as appropriate

**DATE INSURANCE IS TO BEGIN**  
(Which cannot be before the proposal is accepted by the Insurers)

<b>D</b>	<b>M</b>	<b>Y</b>

**EXPIRY DATE**

<b>D</b>	<b>M</b>	<b>Y</b>

Proposer's Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Postal Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address at which car is normally kept: \_\_\_\_\_ House  Owned   
 \_\_\_\_\_ Apartment  Rented

**Your Car(s)**

Serial Or Chassis Number	Year	Make	Model	Type of Body	Engine Capacity	Seating Capacity
Date of Purchase		Price paid by you		Insured's Estimate of Present value		

Date of Purchase		Price paid by you		Insured's Estimate of Present value		

- Has your car been modified in any way from the manufacturers' specification (including by the fitting of enhanced stereo equipment, alloy wheels or improved suspension)? \*
- Do you own the car? (for the purpose of this question buying the car under a bank loan signifies ownership) \*
- Do you or your spouse own or have the regular use of another car? \*
- Does a bank or finance company have an interest in the car? \*

Please give details below

If 'Yes'
If 'No'
If 'Yes'
If 'Yes'

**Drivers**

Driving will be restricted to persons named in your Policy

- Give details of yourself and all others

Full Name	Occupation	Relationship to proposer	Date of Birth	Type of Licence	How long held	Likely % of use

\* A medical certificate is required for any driver who is seventy years of age or older.

(continued over)

6. Have you, or any of the persons who will drive

Please give details below

a) resided outside the Bahamas during the past 3 years?

If 'Yes'

b) suffered from diabetes, epilepsy, heart condition or any other physical or mental disability, infirmity or disease?

If 'Yes'

c) ever had any motor insurance declined, cancelled, renewal not invited or had special terms imposed.

If 'Yes'

7. Have you, or any of the persons who will drive

Give name of person, date, nature of offence

a) been convicted during the past 5 years of an offence in connection with a motor vehicle, or are any prosecutions pending?

If 'Yes'

b) had a driving licence suspended at any time?

If 'Yes'

c) during the past 4 years had any accident, loss or claim in connection with any motor vehicle?

If 'Yes'

8. Are you now, or have you been insured in respect of any motor vehicle?

If 'Yes' state:

Present Insurer and Policy Number \_\_\_\_\_

9. If entitled to a No Claim Discount/Bonus from previous Insurers state number of years entitlement (and attach renewal notice or other confirmation of entitlement)

### Your Insurance requirements

10. Tick type of cover required:

† Comprehensive

Third Party Only

†Comprehensive cover includes windshield/glass breakage and windstorm and flood perils.

11. Tick purposes for which car will be used:

social, domestic & pleasure

business by you alone

Your, or your employer's business by others

commercial travelling

Racing, competitions, trials, or rallies or the carriage of passengers for hire or reward are excluded in all cases.

### 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 complete, 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 the Insurers and will be deemed as incorporated in the Policy to be issued.

I/we understand that in respect of comprehensive cover, in the event of the total loss of the motor vehicle, the insurers liability shall be limited to the reasonable market value of the motor vehicle at the time of the loss but not exceed the insured's estimate of value as stated overleaf.

Signature of Proposer(s) \_\_\_\_\_

Date \_\_\_\_\_

**NO INSURANCE COVER IS PROVIDED UNTIL SUCH TIME AS A COVER NOTE OR CERTIFICATE OF INSURANCE HAS BEEN ISSUED ON BEHALF OF THE INSURERS.**

### FOR OFFICE USE ONLY

Premium quoted - Gross \$ \_\_\_\_\_

Car Group \_\_\_\_\_

NCD% \$ \_\_\_\_\_

Net \$ \_\_\_\_\_

Insurers: