

## Road User

**IMPORTANT:** You must inform Coralisle Insurance (BVI) Ltd. (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 void. All questions must be answered.

### PART 1 DETAILS OF APPLICANT

Full Company Name/Trading As \_\_\_\_\_  
 Company Partners'/Owners' Full Names \_\_\_\_\_  
 Description of Business/Occupation \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Authorised Contact \_\_\_\_\_ Email Address \_\_\_\_\_  
 Tel. No. \_\_\_\_\_ Cellular No. \_\_\_\_\_  
 Please give details of any current policies you hold with Coralisle \_\_\_\_\_

### PART 2 INSURANCE REQUIREMENTS

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

### PART 3 DETAILS OF THE VEHICLE(S)

Registration Number	Year of Manufacture	Make and Model	Engine Capacity	VIN	Estimated Value

Are you the owner of the vehicle(s)/trailer(s)?  Yes  No

If No, please give details of the owner: \_\_\_\_\_

Are you the registered owner of the vehicle(s)/trailer(s)?  Yes  No

If No, please give details of the registered owner: \_\_\_\_\_

Are any of the vehicles articulated?  Yes  No

Do any of the vehicles carry passengers?  Yes  No

If Yes, what is the maximum number carried at any one time? \_\_\_\_\_

Do you carry any inflammable, toxic, corrosive, explosive or otherwise dangerous substances?  Yes  No

If Yes, please give details: \_\_\_\_\_

State the general nature of the goods carried: \_\_\_\_\_

Are any of the vehicles subject to a loan?  Yes  No

If Yes, at which Bank or Institution? \_\_\_\_\_

## Road User

### PART 4 DETAILS OF THE DRIVER(S)

Have you or any person who, to your knowledge, will drive the vehicle(s):

1. been convicted of any traffic offences in the last 5 years, or is any such prosecution pending?  Yes  No
2. received notice of intended prosecution for any traffic offence?  Yes  No
3. ever been refused insurance, been quoted an increased premium or had any special terms imposed?  Yes  No
4. ever suffered from any heart complaint, diabetes, epilepsy or any other mental or physical infirmity?  Yes  No

If Yes, please give details:

Include date, offence, and penalty for each conviction.

Are any of the drivers under the age of 25?

Yes  No

If yes, please provide the following information:

Name	Age	Date driving licence issued for your class of vehicle

Give particulars below of any accidents or losses during the last five (5) years in connection with any motor vehicle owned, driven or used by you or any person permitted to drive, including vehicles which are not the subject of this proposal. All accidents and losses must be included whether insured or uninsured and whether they resulted in a claim or not. If there were no accidents, please say so.

Driver's Name	Date of Accident	Cost (paid or estimate)	Nature of Payment e.g. own damage, 3rd party	Brief details of incident

## Home Options

**PART 5** DECLARATION

I/We wish to effect an insurance with Coralisle Insurance (BVI) Ltd.. I/We declare that the above statements and particulars are complete and correct, and 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 Coralisle'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 Coralisle. I/We understand that the Liability of the Insurers does not commence until the Proposal has been accepted by the Insurers. (If you have not personally completed the answers to the questions, you should check them carefully before signing this declaration).

Print Full Name of Applicant (company or person) \_\_\_\_\_

Print Full Name of Authorised Signatory \_\_\_\_\_

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
			%		