

Road User

NB: You must inform Coralisle of all the 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 VEHICLE OWNER

Name _____

Mailing Address _____

Email Address _____ Telephone No. _____

Work No. _____ Cellular No. _____

Occupation _____ Date of Birth _____

Type of Insurance requested (tick whichever is applicable): Comprehensive Third Party Third Party, Fire & Theft
 Protected NCD Cover

PART 2 DETAILS OF THE VEHICLE

Registration Number	Year of Manufacture	Make and Model	Engine Capacity	Engine No.	Chassis No.	Price Paid
Date of Purchase	Details and Value of Modifications					Current Value (Estimated)

Are you the owner of the vehicle? Yes No If No, provide details of the owner: _____

Are you the registered owner? Yes No If No, provide details of registered owner: _____

Is the vehicle subject to a loan? Yes No If Yes, at which Bank or Institution? _____

PART 3 DETAILS OF YOUR PREVIOUS DRIVING EXPERIENCE

1. How long have you driven private cars? No. of years: _____
 2. When did you first hold a BVI driver's licence? Date: _____

For the following questions please tick Yes or No.

If Yes, please give details:

3. Have you been convicted of any traffic offences in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Include date, offence, and penalty for each conviction.
4. Have you received notice of intended prosecution for any traffic offence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Has any insurance company declined to insure you, required increased premiums or imposed any special conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do you hold or have you held a motor policy with Coralisle or any other insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide name of insurer and policy number.
7. Are you entitled to a No Claims Discount? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please attach proof of bonus.
8. Do you suffer, or have you ever suffered from any physical illness or disability that affects Your ability to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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9. Have you had any motor accidents or claims in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Include date, circumstances and total paid to all parties.
10. Have you ever sustained a loss arising from fire damage to a motor vehicle and/or inundation of the sea?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Will you be the only regular driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, answer the following questions on additional drivers:
a) Have they been convicted of any traffic offences in the last five years, or is any such prosecution pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Have they had any motor accidents in the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Have they ever been refused insurance cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Do they have, or have they ever suffered from, any physical illness or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 4 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.

If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.

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	Agent Name
		From:	To:	\$	