

Road User

IMPORTANT: You must inform 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 to be void. All questions must be answered.

PART 1 DETAILS OF APPLICANT

Full Name _____
 Mailing Address _____
 Email Address _____ Home No. _____
 Date of Birth (DD/MM/YY) _____ Cellular No. _____
 Occupation _____ Work No. _____
 Description of Business _____

PART 2 INSURANCE REQUIREMENTS

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

PART 3 DETAILS OF MOTOR VEHICLE

Class of Vehicle Heavy Truck Intermediate Truck Light Truck Mini Bus Taxi Light Private
 Make/Model _____ Registration No. _____ Price Paid _____
 Year of Manufacture _____ Chassis No. _____ Estimated Value _____
 Date of Purchase _____ Engine No. _____ Engine Capacity _____
 Details and Value of Modifications _____

Are you the owner of the Vehicle No Yes

If not, who is?

Are you the licenced owner of the Vehicle? No Yes

If not, who is?

Is your Vehicle the subject of a bank loan? No Yes

If Yes, Bank Name:

Do you rent out the Vehicle? No Yes

Are any of your Vehicles articulated? No Yes

Does your Vehicle have a crane attached? No Yes

Do you carry passengers? No Yes

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

Is the vehicle used airside on Airport property? No Yes

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

State general nature of goods carried.

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PART 4 DETAILS OF DRIVING EXPERIENCE

For the following questions, give details for both yourself and all other regular drivers of this vehicle (except No. 5).

	Insured	Regular Driver	Regular Driver
<p>1. Have you or any other regular driver been convicted of any traffic offences in the last five years? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>NB: You must note all such offences.</p>	Date(s)	Date(s)	Date(s)
	Offence(s)	Offence(s)	Offence(s)
	Penalty(ies)	Penalty(ies)	Penalty(ies)
<p>2. Has Coralisle or any other insurance company declined to insure you or any other regular driver, required increased premiums, imposed special conditions, cancelled or refused to renew any policy you have or have held? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	Details	Details	Details
<p>3. Do you or any other regular drivers currently have or have you previously suffered from any physical illness or disability that affects your ability to drive? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>4. a. Are any of your drivers under age 25? If Yes, give name, date of birth and the date they first obtained a Driving Licence for your class of vehicle. <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	Name	Name	Name
	Date of Birth	Date of Birth	Date of Birth
	Date Licence received for this class of vehicle	Date Licence received for this class of vehicle	Date Licence received for this class of vehicle
<p>b. Does each regular driver, regardless of age, have a valid licence for this vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	Please provide copies of the drivers licence for ALL regular drivers showing date of birth and classes of vehicle covered.		
<p>5. Are you entitled to a No Claims Discount? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	Please attach proof of bonus. Alternatively, provide relevant Policy Number and name of Insurer.		
<p>6. Have you or any of your regular drivers had any motor accidents and/or claims and/or losses in the last five years? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>NB: You must note all accidents/claims/losses.</p>	Please provide details in Section 5 (below).	Please provide details in Section 5 (over).	Please provide details in Section 5 (over).

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PART 5 DETAILS OF ACCIDENTS, CLAIMS OR LOSSES

Name _____

Date of Accident/Claim/Loss _____

Time of Accident _____ am/pm How many vehicles were involved? _____ Total Value of the Claim \$ _____

Were you charged with or convicted of an offence? No Yes If Yes, please give full details: _____

Full Details of Accident/Claim/Loss _____

Was anyone injured? No Yes If Yes, please give full details: _____

Did the Loss involve fire or theft of the vehicle? No Yes If Yes, please give full details: _____

Name _____

Date of Accident/Claim/Loss _____

Time of Accident _____ am/pm How many vehicles were involved? _____ Total Value of the Claim \$ _____

Were you charged with or convicted of an offence? No Yes If Yes, please give full details: _____

Full Details of Accident/Claim/Loss _____

Was anyone injured? No Yes If Yes, please give full details: _____

Did the Loss involve fire or theft of the vehicle? No Yes If Yes, please give full details: _____

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PART 6 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 misrepresented, misstated or withheld. I/We agree that this proposal shall form the basis of the contract between me/us and Coralisle and I/we agree to accept 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 hereby agree to immediately declare all subsequent accidents and/or convictions (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

Print Name _____

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
			%		