

## Road User

I, \_\_\_\_\_, wish to change the coverage on Motor Vehicle registration number \_\_\_\_\_.  
This is an Addendum to the Proposal Form dated \_\_\_\_\_.

### PART 1 TYPE OF INSURANCE REQUIRED

Please tick whichever is applicable: ☐ Comprehensive ☐ Third Party ☐ Third Party Fire & Theft

### PART 2 DRIVING EXPERIENCE

1. Have you or any regular driver of your vehicle been convicted of any traffic offences in the last five years.

☐ No ☐ Yes

If Yes, give details including date, offence and penalty for each such conviction.

Date(s)

Offence(s)

Penalty(ies)

2. Have you or any regular driver received notice of an intended prosecution for any traffic offence?

☐ No ☐ Yes

If Yes, give details including date and intended prosecution for each such conviction.

Date(s)

Intended Prosecution(s)

3. Have you or any regular driver of your vehicle had any motor accidents, claims or losses in the last five years?

☐ No ☐ Yes

If Yes, give full details including date, circumstances and total amount paid to all parties.

Details

4. Has any insurance company declined to insure you, required increased premiums, imposed special conditions, cancelled or refused to renew any policy you have or have held?

☐ No ☐ Yes

Details

### PART 3 DECLARATION

I/We wish to change the insurance coverage I/we currently have 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 Addendum, together with the Proposal Form I/we previously signed with respect to the above-mentioned motor vehicle, 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 Addendum has been written by anyone else, that person is my/our agent for that purpose and not the agent of Coralisle. I/We 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 \_\_\_\_\_

**Coralisle Insurance (BVI) Ltd.** Romasco Place, Waterfront Drive, Road Town, Tortola, British Virgin Islands  
PO Box 2377, Road Town, Tortola VG1110, British Virgin Islands | Tel 284 444 8450 | [www.CGCoralisle.com](http://www.CGCoralisle.com)  
Personal and Business Insurance, Health Insurance and Employee Benefits, Life Assurance

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A member of Coralisle Group Ltd.

Rev. 01-25