

# MOTORCYCLE INSURANCE PROPOSAL

**(DO NOT LEAVE ANY ANSWERS BLANK – FILL IN “NIL” OR “N/A”)**

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## PROPOSER DETAILS

1. Name of Proposer (in full) ..... Social Security No. ....  
BLOCK LETTERS PLEASE  
Postal Address .....  
Physical Resident Address .....  
Contact No. (H)..... (O) ..... Cell ..... Fax ..... Email .....  
Name of Employer (in full).....  
**Type of Business Entity:** Company  Partnership  Sole Proprietorship  Charitable Equity   
Other (Please specify)  .....  
Profession or Occupation ..... Date & Place of Birth .....  
Day/Month/Year  
**Type of Business Sector:**  
Private Sector Service  Professional (attorney/accountant)   
Public Sector/Government Service  Real Estate   
Financial Services  Broker Retail/Distribution   
Medical (dentist/doctor)  Transport/Travel   
Construction  Other (please specify) .....  
Nationality ..... Dual Citizenship? Yes  No  If YES, please state .....  
Do you have any other Insurance Policy with this company? Yes  No  If YES please provide details  
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## PARTICULARS OF MOTORCYCLE TO BE INSURED

2. Make and Model.....  
HP/CC..... Year of Manufacture ..... Seating capacity (Incl. Driver) .....  
Present Mileage ..... (km or mls.) Registration and Engine/Chassis/VIN No.....  
Purchase date...../...../..... **(please attach copy of Title/Certificate of Registration)**  
Price Paid for Motorcycle ..... Purchased From .....  
Your estimate of present value inc. all accessories BZ\$.....(Duty Paid or Duty Free)  
Has the motorcycle ever been written off/salvaged from any country? .....  
Has your motorcycle been modified in any way with oversized tires/rims, audio/visual equipment, art work, anti theft device or high performance engine/equipment? Yes  No   
If YES please provide details and present value.....

**Note:** You are required to ensure that the Sum Insured of your Motorcycle is revised each year to reflect the current market value as claims will be settled on this basis. For total losses claims will be paid according to current market value/pre-accident value.

## TYPE OF COVER

3. Please select cover by entering an X in the appropriate square:  
Comprehensive  Third Party Fire and Theft  Third Party  Third Party “Act” only   
Comprehensive Including Hurricane

- (a) **COMPREHENSIVE INCL. HURRICANE** Third Party Liability for injury to persons and damage to property. Loss of or damage to the insured vehicle by accident, fire or theft, Hurricane, windstorm or flood.
- (b) **THIRD PARTY, FIRE AND THEFT** Third Party Liability for injury to persons and damage to property. Loss of or damage to the insured vehicle by fire or theft.
- (c) **THIRD PARTY** Third Party Liability for injury to persons and damage to property. Limits: \$1,000,000.00 Bodily Injury/\$250,000.00 Property Damage.
- (d) **THIRD PARTY 'ACT' ONLY INSURANCE** 'Act only' cover is limited to the legal minimum required under the Motor Vehicle Insurance (Third party risks) Act which basically means cover is limited to BZ\$50,000.00 for any injury or death to a Third party/BZ\$200,000.00 all claims and BZ\$20,000.00 for any property damage caused.

4. Term of Insurance from .....20..... to ..... 20 .....

**VEHICLE USE**

5. Will the Motorcycle be used solely for social domestic and pleasure purposes?  
 If not, what other uses will you use the vehicle for? .....

Will the Motorcycle be used to draw any trailer? Yes  No   
 If YES please provide trailer particulars.....

6. (a) Are you the sole Owner of the Motorcycle above described? Yes  No   
 Is it registered in your name? Yes  No   
 If NO please state particulars of ownership and registration .....

(b) Does any other party have a legal interest in this Motorcycle? Yes  No   
 E.g. hire purchase, lease, lien or mortgage agreement. If so, who? .....

7. Will the Motorcycle be kept in a secure area (e.g. garage, car port, fenced yard, secured premises) when not in use? Yes  No  If YES please indicate where .....

8. What is the prearranged plan for windstorms/hurricane warnings to secure the vehicle?  
 .....  
 .....

**(N.B. Warranty applies to comprehensive motorcycles only)**

**DRIVER DETAILS**

9. Driver's Permit No..... Date of Issue..... Classes.....

Have you been driving a Motorcycle regularly during the past twelve months? Yes  No   
 If NO please state how long has it been since you drove regularly.....

How many vehicles are in use/owned by your family/business?.....

**CLAIMS EXPERIENCE**

10. **NO CLAIM DISCOUNT**- If you are entitled to a No Claim Discount from your previous Insurers in respect of any Vehicle described in this Proposal, state for how many **years without claim**.

QUESTIONS NOS. 10-13 RELATE TO THE PROPOSER AND ADDITIONAL DRIVER/IONAL DRIVERS	THE PROPOSER	ADDITIONAL DRIVERS
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11. Do you suffer from any physical infirmity, defective vision or hearing?

12. Have you during the past five years been prosecuted or convicted of any offense in connection with any Motor Vehicle or is any such prosecution pending? If so give details.

Have you, or has anyone who will be driving your motor vehicle, made any claims (including windshield damage claims) during the past five years in connection with this or any other motor vehicle?

13. Have you (a) Had a proposal declined?  
 (b) Been required to pay an increased premium due to the indemnification of claims?  
 (c) Been refused renewal of a policy?  
 (d) Had a policy cancelled by an Insurer?

14. Are you now or have you been insured in respect of any Motorcycle? If so state name and address with Policy number of Company or Underwriter.....

15. Give particulars of all accidents and losses during the past three years in connection with Motor Vehicles owned, used and/or hired by you-If none, state NONE” .....

Year	No. of accidents/losses	Third Party		Comprehensive	
		Paid	Outstanding	Paid	Outstanding
<b>Total</b>					

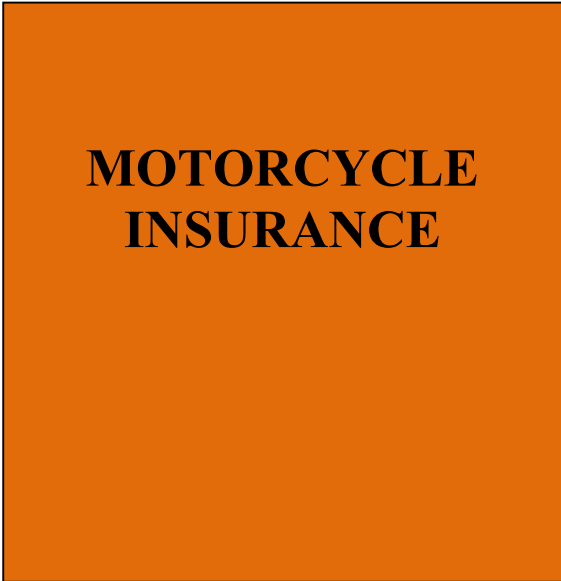
*A quotation will be made upon acceptance of the Proposal by the Company. In certain circumstances, you may be required to bear the first part of the cost of each claim.*

**DECLARATION**

I/we declare that to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will enable insurers to void the insurance. A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to what constitutes a material fact, you should consult your insurance broker. I/we understand that signing this proposal does not bind the Proposer to complete the insurance, but agree that should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Date ..... Signature of Proposer .....


FOR OFFICE USE ONLY	
Policy No.	Premium.
Customer No.	Remarks:
Excess	
Agency	



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