

## Road User

**IMPORTANT:** You must inform Coralisle Insurance 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 Company Name/Trading As \_\_\_\_\_  
 Company Partners'/Owners' Full Names: \_\_\_\_\_  
 Description of Business \_\_\_\_\_  
 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 MOTOR VEHICLE

Class of Vehicle  Heavy Truck  Intermediate Truck  Light Truck  Mini Bus  Taxi  Light Private  
 Are you/company the owner of the vehicle?  Yes  No Are you/company the registered owner?  Yes  No  
 Is your vehicle the subject of a loan?  Yes  No If Yes, please provide Bank name \_\_\_\_\_  
 Make of Vehicle \_\_\_\_\_ Registration No. \_\_\_\_\_ Price Paid \_\_\_\_\_  
 Year of Manufacture \_\_\_\_\_ Chassis No. \_\_\_\_\_ Estimated Value \_\_\_\_\_  
 Date of Purchase \_\_\_\_\_ Engine No. \_\_\_\_\_ Engine Capacity \_\_\_\_\_  
 Details and Value of Modifications \_\_\_\_\_

If you answer Yes to any of the following questions in this Section, please provide details in the space provided.

Do you rent out the vehicle?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Are any of your vehicles articulated?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your vehicle have a crane attached?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is your vehicle used to pull a trailer?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, is it a <input type="checkbox"/> personal or <input type="checkbox"/> commercial trailer?
Do you carry passengers?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, what is the maximum that can be carried at any one time? If Yes, do they pay a fare? <input type="checkbox"/> No <input type="checkbox"/> Yes
Is the vehicle used airside on airport property?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you carry any inflammable, toxic, corrosive, explosives or otherwise dangerous substances?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
State general nature of goods carried.		
Is your vehicle used to carry: (a) <input type="checkbox"/> your own goods? or (b) <input type="checkbox"/> goods belonging to someone else?		

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**PART 4** DETAILS OF DRIVING EXPERIENCE (attach additional sheets if required)

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
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 <b>NB: You must note all such offences.</b>	Date(s)	Date(s)	Date(s)
	Offence(s)	Offence(s)	Offence(s)
	Penalty(ies)	Penalty(ies)	Penalty(ies)
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	Details	Details	Details
	Details	Details	Details
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	Details	Details	Details
	Details	Details	Details
4. Have you received notice of intended prosecution for any traffic offence? <input type="checkbox"/> No <input type="checkbox"/> Yes	Details	Details	Details
	Details	Details	Details
5. a. Are any of your drivers under age 22? 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	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
	Please provide copies of the drivers licence for ALL regular drivers showing date of birth and classes of vehicle covered.		
b. Does each regular driver, regardless of age, have a valid licence for this vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes	Please attach proof of bonus. Alternatively, provide relevant Policy Number and name of Insurer.		
	6. Are you entitled to a No Claims Discount? <input type="checkbox"/> No <input type="checkbox"/> Yes	Please provide details in Part 5.	
7. 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 <b>NB: You must note all accidents/claims/losses.</b>	Please provide details in Part 5.	Please provide details in Part 5.	Please provide details in Part 5.

### Road User

**PART 5** DETAILS OF ACCIDENTS, CLAIMS OR LOSSES (Re: Part 4, Q 7.) (attach additional sheets if required)

1. 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Road User

**PART 6** DECLARATION

I/We wish to effect an insurance with Coralisle Insurance Company Ltd. ("Coralisle"). 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/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.)

**Data Protection Declaration:**

By signing this form, I confirm/understand that:

- In order to administer the policy and plan Coralisle Insurance Company Ltd. may process any and all of the personal data provided.
- I consent to Coralisle Insurance Company Ltd. processing my personal data, in accordance with Coralisle Insurance Company Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to Coralisle Insurance Company Ltd. in respect of any third party, is done with that third party's consent and knowledge of Coralisle Insurance Company Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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
			%		

**Coralisle Insurance Company Ltd.** Jardine House, 33-35 Reid Street, Hamilton HM 12, Bermuda  
PO Box HM 1559, Hamilton HM FX, Bermuda | Tel 441 296 3700 | Fax 441 295 1367 | [www.CGCoralisle.com](http://www.CGCoralisle.com)

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A member of Coralisle Group Ltd.

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