

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 _____
 Residential Address _____
 Mailing Address _____
 Email Address _____ Home No. _____
 Date of Birth (DD/MM/YY) _____ Cellular No. _____
 Occupation _____ Work 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 MOTORCYCLE

Are you the owner of the motorcycle? Yes No Are you the registered owner? Yes No
 Is your vehicle the subject of a loan? Yes No If Yes, please provide Bank name: _____
 Does your vehicle have a tracking device? Yes No
 Make of Motorcycle _____ Registration No. _____ Price Paid _____
 Year of Manufacture _____ Chassis No. _____ Estimated Value _____
 Date of Purchase _____ Engine No. _____ Engine Capacity _____ cc
 Details and Value of Modifications _____

PART 4 DETAILS OF PREVIOUS DRIVING EXPERIENCE

For the following questions (1 through 13), You must answer them all giving details for both yourself and all regular drivers. Please note, where the question states You, we require information about yourself and all regular drivers with the exception of question 11. If asked, You must tick Yes or No. If You tick Yes, please provide the relevant details.

	Insured	Regular Driver	Regular Driver
1. Name			
2. Date of Birth (DD/MM/YY)			
3. How long have You driven motorcycles?	No. of Years	No. of Years	No. of Years
4. When did You first hold a Bermuda motorcycle licence?	Date	Date	Date
5. Do You currently hold a valid Bermuda Drivers Licence for the vehicle described in Part 3? <input type="checkbox"/> No <input type="checkbox"/> Yes			
6. Please provide Your Driver's Licence number			

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7. Have You been convicted of any traffic offences in the last five years? No Yes

NB: You must note all such offences.

8. Have You received notice of intended prosecution for any traffic offence? No Yes

9. Has Coralisle or any other 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

10. Do You hold or have You held a motor policy with Coralisle or any other insurer? No Yes

11. Are You entitled to a No Claims Discount? No Yes

12. Do You currently have or have You ever suffered from any physical illness or disability that affects Your ability to drive?
 No Yes

13. Have You had any motor accidents and/or claims and/or losses in the last five years?
 No Yes

	Insured	Regular Driver	Regular Driver
	Date(s)	Date(s)	Date(s)
	Offence(s)	Offence(s)	Offence(s)
	Penalty(ies)	Penalty(ies)	Penalty(ies)
	Details	Details	Details
	Details	Details	Details
	Policy No.	Policy No.	Policy No.
	Please attach proof of bonus. Alternatively, provide relevant Policy Number and Name of Insurer.		
	Details	Details	Details
	Please provide details in Part 5.	Please provide details in Part 5.	Please provide details in Part 5.

NB: You must note all accidents/claims/losses.

Road User**PART 5** DETAILS OF ACCIDENTS, CLAIMS OR LOSSES (Continuation of Part 4, Question 13)

Name _____

Date of Accident/Claim/Loss _____

Time of Incident _____ 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 Incident _____ 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 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/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.)

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 Name _____

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
			%		

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Personal and Business Insurance

INSURANCE | HEALTH | PENSIONS | LIFE

A member of Coralisle Group Ltd.

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