



INSURANCE MANAGEMENT (BAHAMAS) LIMITED
INSURANCE BROKERS AND AGENTS

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MOTORCYCLE INSURANCE PROPOSAL FORM

Unless all material facts are disclosed, this insurance could be invalidated. Material Facts are those facts an Insurer would regard as likely to influence the acceptance and/or assessment of the proposal. If you are in any doubt as to whether facts are material, you should disclose them. A copy of the completed Proposal form will be supplied on request but you should keep a record (including copies of letters) of all information supplied to us for the purpose of entering into this contract. A specimen policy is available on request.

Please write in block capitals or tick the boxes as appropriate.

DATE INSURANCE IS TO BEGIN
(Which cannot be before the proposal is accepted by the Insurers)

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

EXPIRY DATE

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Proposer's Name: _____ Nationality: _____

Postal Address: _____ Email Address: _____

Occupation: _____ Employer: _____

Telephone: _____ (Home) _____ (Work) _____ (Cell)

Address at which motorcycle is normally kept: _____ House Owned

_____ Apartment Rented

Your Motorcycle(s)

Serial or Chassis number	Year	Make	Model/Type of Body	Engine Capacity	Seating Capacity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Purchase	<input type="text"/>	Price paid by you	Insured's Estimate of Present Value	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Purchase	<input type="text"/>	Price paid by you	Insured's Estimate of Present Value	<input type="text"/>	<input type="text"/>

- Has your motorcycle been modified in any way from the manufacturer's specification?
- Do you own the motorcycle? (for the purpose of this question buying the motorcycle under a bank loan signifies ownership)
- Will the motorcycle be used with a sidecar attached?
- Does a bank or finance company have an interest in the motorcycle?

Please give details below

<input type="checkbox"/>	If 'Yes'
<input type="checkbox"/>	If 'No'
<input type="checkbox"/>	If 'Yes'
<input type="checkbox"/>	If 'Yes'

Drivers

Driving will be restricted to persons named in your Policy

- Give details of yourself and all others

Full Name	Occupation	Relationship to Proposer	Date of Birth	Type of License	How Long Held	Likely % of Use
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* A medical certificate is required for any driver who is seventy years of age or older.

6. Have you, or any of the persons who will drive:

Please give details below

(a) resided outside the Bahamas during the past 3 years?

If 'Yes'

(b) suffered from diabetes, epilepsy, heart condition or any other physical or mental disability, infirmity or disease?

If 'Yes'

(c) ever had any motor or motorcycle insurance declined, cancelled, renewal not invited or had special terms imposed?

If 'Yes'

7. Have you, or any of the persons who will drive:

Please give details below

(a) been convicted during the past 5 years of any offence in connection with a motor vehicle or motorcycle, or are any prosecutions pending?

If 'Yes'

(b) had a driving licence suspended at any time?

If 'Yes'

(c) held a full driving license for less than four years?

If 'Yes'

(d) during the past 4 years had any accident, loss or claim in connection with any motor vehicle or motorcycle? (State driver's name, date and circumstances)

8. Are you now, or have you been insured in respect of any motorcycle?

If 'Yes' state:

Present Insurer and Policy Number _____

9. If entitled to a No Claim Discount/Bonus from previous insurers state number of years of entitlement (attach renewal notice or other confirmation of entitlement).

Your Insurance Requirements

10. Tick the type of cover required:

Comprehensive

Third Party Only

11. Tick purposes for which motorcycle will be used:

Social, domestic & pleasure

Business

†If used for Business purposes, completion of a supplementary form will be required.

Racing, competitions, trials or rallies or the carriage of passengers for hire or reward are excluded in all cases.

DECLARATION

I/We declare that the above statements made by me/us or written in answer to the questions on this form on my/our behalf by someone else are to the best of my/our knowledge and belief true and complete, 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 the Insurers and will be deemed as incorporated in the Policy to be issued.

I/we understand that in respect of comprehensive cover, in the event of the total loss of the motorcycle, the insurers liability shall be limited to the reasonable market value of the motorcycle at the time of the loss but not exceed the insured's estimate of value as stated overleaf.

Signature of Proposer(s) _____ Date _____

NO INSURANCE COVER IS PROVIDED UNTIL SUCH TIME AS A COVER NOTE OR CERTIFICATE OF INSURANCE HAS BEEN ISSUED ON BEHALF OF THE INSURERS.

FOR OFFICE USE ONLY

Premium quoted -	Base	\$ _____	
	Loads/Disc.	_____	
	Gross	\$ _____	
	NCD%	_____	
	Net	\$ _____	Insurers: