

**SUMMIT INSURANCE COMPANY LIMITED**

**Agency:** **INSURANCE MANAGEMENT (BAHAMAS) LIMITED**  
INSURANCE BROKERS AND AGENTS  
P. O. Box SS-6283  
Nassau, Bahamas  
Ph: 242-394-5555  
Fax: 242-323-6520

**MEDICAL CERTIFICATE**

Please complete in block capitals.

**Motor Insurance – Policy Number:** \_\_\_\_\_

I certify that I have today examined \_\_\_\_\_  
who, in my opinion, is suffering from no physical or mental disability, which  
would of itself and regardless of any other consideration make it  
undesirable for him/her to drive a motor vehicle on the public highway.

**Physician:** \_\_\_\_\_

**Qualifications:** \_\_\_\_\_

**Practice:** \_\_\_\_\_

**Official Stamp:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

