

Vehicle Insurance Policy



PROPOSAL FORM

Kindly answer ALL questions, the information given must be true, complete and correct. Any material information must be disclosed that might influence the terms and conditions of your coverage. If in doubt, please discuss with a CINICO underwriter.

The form must be dated and signed by the registered owner(s).

Comprehensive - the most extensive cover with protection for third party losses, fire, theft and accidental collision damage plus customizable add-ons to suit your Vehicle.

Total Loss - provides protection for third party losses as well as fire, theft or collision damage to your vehicle that results in a Constructive Total Loss.

Third Party - covers your legal liabilities for property damages, death or bodily injury that you or your authorized driver may cause to another person or business.

Will the vehicle(s) be used for any other purpose than social, domestic, pleasure or traveling to/from your place of work?

YES NO If yes, please provide details:

OWNER(S) DETAILS

Title: MR. MRS. MS. COMPANY

Name:

Occupation:

Mailing Address: PO BOX Postal Code: Unit #:

Street:

District:

Tel No. Other:

Email 1:

Email 2:

Period of Cover: Start Date: End Date:

VEHICLE DETAILS (1st)

Registration No:

VIN / Chassis No:

Engine No:

Manufacture Year:

Make & Model:

Colour:

Engine Capacity:

Mileage:

Estimated Value:

Modifications:

Overnight Parking:

Uses a trailer (30ft or less): YES NO

Trailer type:

Total passengers: 4 5 7 8+

Is the vehicle mortgaged? YES NO

If yes, please provide details:

Details of any existing damages / defects:

OWNER(S) DETAILS

- Please select your No Claim years and submit a letter for discount.
 0 YRS 1 YRS 2 YRS 3 YRS 4 YRS 5 YRS
- Have you or any proposed driver had a claim in the last 3 years?
 YES NO If "yes", please provide details:
- Has any insurance company declined to insure you or any proposed driver, or applied any special conditions on renewal?
 YES NO If "yes", please provide details:
- Have you or any proposed driver been convicted of a traffic offense in the last 5 years?
 YES NO If "yes", please provide details:
- Have you or any proposed driver, ever suffered from any physical illness or disability as it relates to driving the vehicle?
 YES NO If "yes", please provide details:
- If you currently hold any other insurance policy related to the proposed vehicle(s), please provide the name of the Insurance Company:

VEHICLE DETAILS (2nd)

Registration No:

VIN / Chassis No:

Engine No:

Manufacture Year:

Make & Model:

Colour:

Engine Capacity:

Mileage:

Estimated Value:

Modifications:

Overnight Parking:

Uses a trailer (30ft or less): YES NO

Trailer type:

Total passengers: 4 5 7 8+

Is the vehicle mortgaged? YES NO

If yes, please provide details:

Details of any existing damages / defects:

DRIVERS

FOR A PRIVATE INDIVIDUAL:

The Owner(s) and only **specified drivers** must be listed here. **Specified drivers** includes any driver who:

- is younger than 21
- is older than 80
- has held a valid licence issued for less than 2 years

FOR A LIMITED COMPANY:

All expected drivers must be listed here, whether specified or not.

	OWNER	DRIVER 2	DRIVER 3
Full Name:			
Relationship to Owner:			
Date of Birth:			
License No.			
Type /Class of License:			
Country of Issue:			
Date of Issue:			
Date of Expiry:			
No. of Claims in 5 years:			

UNDERSTANDINGS

The motor vehicle(s) proposed for coverage are owned solely by you and registered in your name, is always maintained in a roadworthy condition and may be used for social, domestic and pleasure purposes or the policyholder's business or profession as agreed to.

Any existing financial interest by a person or entity other than yourself is subject solely to a written loan (lien) agreement.

1. In the event of a loss, the claim settlement amount will be determined by the current market value or the sum insured, whichever is less, and the insured is responsible for paying the policy excess (where applicable).
2. Unless otherwise agreed, the cover will exclude driving by anyone holding a licence for less than two (2) years, or anyone under 21 or over 80 years of age.
3. The policy will not operate in respect of claims arising whilst the vehicle is being driven or is for the purpose of being driven by any person other than the driver restrictions noted in point 2 above, unless otherwise agreed and an additional premium has been paid or other terms (including excess) agreed to.
4. The policy is voidable if false statements are made, or information is hidden in order to obtain insurance benefits or reduced premiums.
5. All outstanding premiums due under the policy will be immediately payable by you upon the occurrence of a claim under the policy.

PLEASE INITIAL HERE:

DECLARATION

I/We the undersigned, do hereby declare and warrant that the above answers and particulars which I have read over and checked are true in every respect and I have not withheld or misstated any material fact and that the vehicle(s) above referred to is/are roadworthy and in a state of good repair and shall not be driven by any person who to my knowledge has been refused motor vehicle insurance or the continuation of a motor vehicle insurance. I/We desire to effect insurance with the Cayman Islands National Insurance Company Ltd in the terms, conditions, and exceptions of the policy to be issued to me by the Company.

I/We hereby acknowledge that insurance companies on occasion may share information about their policyholders and their insurance transactions with loss adjusters, fraud investigators, other insurance companies or other similar entities, and in this regard, I consent to the Cayman Islands National Insurance Company Ltd sharing related information about my insurance transactions.

I/We agree that this proposal and declaration form(s) completed by me/us shall form the basis of the contract between me/us and the Cayman Islands National Insurance Company Ltd and shall be deemed as incorporated in the policy to be issued. I/We further declare and agree that if the above answers and particulars have been filled in by any person other than me, such person shall be deemed to be my agent for this purpose.

Owner:

Signature:

Date:

Company Stamp:

Signature:

Date:

DOCUMENTS NEEDED FOR COVERAGE

COMPLETED PROPOSAL

OWNER(S) DRIVERS LICENSE

PROOF OF NO CLAIM DISCOUNT

VEHICLE(S) LOGBOOK

NEW VEHICLE INVOICE

ARTICLES OF INCORPORATION
(COMPANIES)

ENHANCED CHOICES

The following details are needed when you have requested additional coverage for Trailers and Modifications or Accessories.

TRAILERS

Make: _____ Model: _____ Length: _____

We will cover legal liability for the death of or bodily injury to any person and damage to property caused by or arising out of you or an authorized person, with your permission using the insured Vehicle to tow a trailer that is built by a recognized manufacturer or from objects falling from the trailer provided that they have been stored securely and safely and in accordance with any manufacturer's instructions associated with the trailer.

MODIFICATIONS OR ACCESSORIES

Engine changed or tuned	Value \$	Type:	Capacity:
Anti-Theft Device	Value \$	Type:	
Wheels & Rims	Value \$	Size:	
Other	Value \$	Description:	


We will **not** cover the additional value of any items installed, changed or modified from manufacture specifications **unless** these have been listed on your proposal form or policy schedule and an additional premium has been paid or other terms agreed to.

EXTRA COVERAGE - COMPREHENSIVE ONLY

Select options for the best customized cover to suit your needs.



EXCESS WAIVER BENEFIT
(For you and your spouse)



ADDITIONAL WINDSCREEN COVER (\$1,500 included free)
\$
(up to a maximum of \$2,500)



NO CLAIM DISCOUNT PROTECTION

Owner:

Signature:

Date:

Company Stamp:

Signature:

Date: