



COLONIAL

IMPORTANT: You must inform Colonial 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.

SECTION 1 DETAILS OF APPLICANT

Full Company Name/Trading As _____

Company Partners'/Owners' Full Names: _____

Description of Business _____

Mailing Address _____

Authorised Contact _____ Email Address _____

Tel. No. _____ Cellular No. _____

Please give details of any current policies you hold with Colonial _____

SECTION 2 INSURANCE REQUIREMENTS

Which level of insurance do you require? Comprehensive Third Party Third Party, Fire & Theft

SECTION 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? (b) <input type="checkbox"/> goods belonging to someone else?		

RoadUser

SECTION 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
<p>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 NB: You must note all such offences.</p>	Date(s) Offence(s) Penalty(ies)	Date(s) Offence(s) Penalty(ies)	Date(s) Offence(s) Penalty(ies)
<p>2. Has Colonial 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</p>	Details	Details	Details
<p>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</p>	Details	Details	Details
<p>4. Have you received notice of intended prosecution for any traffic offence? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	Details	Details	Details
<p>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</p>	Name Date of Birth Date Licence received for this class of vehicle	Name Date of Birth Date Licence received for this class of vehicle	Name Date of Birth Date Licence received for this class of vehicle
<p>b. Does each regular driver, regardless of age, have a valid licence for this vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	Please provide copies of the drivers licence for ALL regular drivers showing date of birth and classes of vehicle covered.		
<p>6. Are you entitled to a No Claims Discount? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	Please attach proof of bonus. Alternatively, provide relevant Policy Number and name of Insurer.		
<p>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</p>	Please provide details in Section 5.	Please provide details in Section 5.	Please provide details in Section 5.

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

SECTION 5 DETAILS OF ACCIDENTS, CLAIMS OR LOSSES (Re: Section 4, Question 7) (attach additional sheets if required)

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: _____

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: _____

SECTION 6 DECLARATION

I/We wish to effect an insurance with Colonial Insurance Company Limited. 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 Colonial and I/we agree to accept Colonial'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 Colonial. 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.)

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
			%		



COLONIAL

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