



COLONIAL

NB: You must inform Colonial of all the facts likely to influence the acceptance and rating of your proposal. If you withhold information, any policy subsequently issued may be declared void. All questions must be answered.

SECTION 1 DETAILS OF VEHICLE OWNER

Full Name _____

Policy No. _____ Vehicle Registration No. _____

SECTION 2 DETAILS OF ADDITIONAL DRIVER

Full Name _____

Mailing Address _____

Contact Nos. _____ Email _____

Date of Birth (dd/mm/yy) _____ Occupation _____

- 1. How long have you driven motor cars?
- 2. When did you first hold a Bermuda Private car licence?
- 3. Do you currently hold a valid Bermuda Drivers Licence for the vehicle described in Section 1? No Yes
- 4. Please provide your Driver's Licence number:
- 5. Have you been convicted of any traffic offences in the last five years? No Yes
NB: You must note all such offences.

No. of Years
Date
Date(s)
Offence(s)
Penalty(ies)
Details
Details
Policy No.
Details
Please provide details in Section 4 (over).

- 6. Have you received notice of intended prosecution for any traffic offence? No Yes
- 7. Has Colonial 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
- 8. Do you hold or have you held a motor policy with Colonial or any other insurer? No Yes
- 9. Do you currently have or have you ever suffered from any physical illness or disability that affects your ability to drive? No Yes
- 10. Have you had any motor accidents and/or claims and/or losses in the last five years? No Yes

NB: You must note all accidents/claims/losses. If you require more space than is provided over, please use an additional sheet.

SECTION 3 DECLARATION BY INSURED AND ADDITIONAL DRIVER

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 Addendum, together with the Proposal Form previously signed by the Insured with respect to the above-mentioned motor vehicle, 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/our 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.)

Insured Print Name _____

Insured Signature _____ Date _____

Additional Driver Print Name _____

Additional Driver Signature _____ Date _____

SECTION 4 DETAILS OF ACCIDENTS, CLAIMS OR LOSSES (Continuation of Section 2, Question 10)

1. Date of Accident/Claim/Loss _____ Time of Accident _____

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: _____

2. Date of Accident/Claim/Loss _____ Time of Accident _____

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: _____

3. Date of Accident/Claim/Loss _____ Time of Accident _____

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: _____

4. Date of Accident/Claim/Loss _____ Time of Accident _____

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: _____

To be completed by the Agent	Policy No.	Period of Insurance		Premium	Agent Name
		From:	To:	\$	



COLONIAL

COLONIAL INSURANCE COMPANY LIMITED
Personal & Business Insurance
Jardine House, 33-35 Reid Street, Hamilton HM 12
P.O. Box HM 1559, Hamilton HM FX, Bermuda
tel. (441) 296 3700 fax. (441) 295 1367 www.cgigroup.com