



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 Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Home No. \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_ Cellular No. \_\_\_\_\_

Occupation \_\_\_\_\_ Work 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 MOTORCYCLE

Are you the owner of the motorcycle?  Yes  No Are you the registered owner?  Yes  No

Is your vehicle the subject of a loan?  Yes  No If Yes, please provide Bank name: \_\_\_\_\_

Does your motorcycle have datatag?  Yes  No Does your motorcycle have GPS?  Yes  No

Make of Motorcycle \_\_\_\_\_ Registration No. \_\_\_\_\_ Price Paid \_\_\_\_\_

Year of Manufacture \_\_\_\_\_ Chassis No. \_\_\_\_\_ Estimated Value \_\_\_\_\_

Date of Purchase \_\_\_\_\_ Engine No. \_\_\_\_\_ Engine Capacity \_\_\_\_\_ cc

Details and Value of Modifications \_\_\_\_\_

SECTION 4 DETAILS OF PREVIOUS DRIVING EXPERIENCE

For the following questions (1 through 13), You must answer them all giving details for both yourself and all regular drivers. Please note, where the question states You, we require information about yourself and all regular drivers with the exception of question 11. If asked, You must tick Yes or No. If You tick Yes, please provide the relevant details.

	Insured	Regular Driver	Regular Driver
1. Name			
2. Date of Birth (dd/mm/yy)			
3. How long have You driven motor-cycles?	No. of Years	No. of Years	No. of Years
4. When did You first hold a Bermuda motorcycle licence?	Date	Date	Date
5. Do You currently hold a valid Bermuda Drivers Licence for the vehicle described in Section 3? <input type="checkbox"/> No <input type="checkbox"/> Yes			
6. Please provide Your Driver's Licence number			

# RoadUser

7. Have **You** been convicted of any traffic offences in the last five years?  No  Yes

NB: **You** must note all such offences.

8. Have **You** received notice of intended prosecution for any traffic offence?  No  Yes

9. 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

10. Do **You** hold or have **You** held a motor policy with Colonial or any other insurer?  No  Yes

11. Are **You** entitled to a No Claims Discount?  No  Yes

12. Do **You** currently have or have **You** ever suffered from any physical illness or disability that affects **Your** ability to drive?  No  Yes

13. 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.

Insured	Regular Driver	Regular Driver
Date(s)	Date(s)	Date(s)
Offence(s)	Offence(s)	Offence(s)
Penalty(ies)	Penalty(ies)	Penalty(ies)
Details	Details	Details
Details	Details	Details
Policy No.	Policy No.	Policy No.
Please attach proof of bonus. Alternatively, provide relevant Policy Number and Name of Insurer.		
Details	Details	Details
Please provide details in Section 5.	Please provide details in Section 5.	Please provide details in Section 5.

**SECTION 5** DETAILS OF ACCIDENTS, CLAIMS OR LOSSES (Continuation of Section 4, Question 13)

**Name** \_\_\_\_\_

Date of Accident/Claim/Loss \_\_\_\_\_

Time of Incident \_\_\_\_\_ 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 Incident \_\_\_\_\_ 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/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.)

Print Name \_\_\_\_\_

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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