



MotorcycleCover

 proposal to Insurers for insurance of a Motorcycle

PLEASE COMPLETE IN BLOCK CAPITALS, CHECK THE APPROPRIATE BOXES CLEARLY AND INITIAL ANY ALTERATIONS

Proposer's Full Name Mr/Mrs/Miss/Ms/Dr _____

Postal Address _____ Post Code _____

Telephone Number (Home) _____ (Business) _____

Occupation and Nature of Duties _____
(including any part time or casual)

Insurance Required From: _____ To: _____

Is the Motorcycle the subject of a Loan agreement? _____
If so, with whom? _____

WHAT COVER DO YOU REQUIRE?

Check one box only

Comprehensive

Third Party Only

ARE YOU ENTITLED TO A NO CLAIM DISCOUNT?

Check one box only

Yes

No

If 'YES' then attach your latest Renewal Notice or a letter from your previous Insurer confirming the number of claim-free years.

ABOUT YOUR MOTORCYCLE AND HOW IT WILL BE USED

Make _____ Model _____ Year of Make _____ c.c. _____

Registration No. _____ Date of Purchase _____ Estimated Value (inc. accessories) \$ _____

1. Is the Motorcycle owned by or registered in the name of another person? Yes No

2. Has the Motorcycle been altered/modified from the maker's specification? Yes No

3. For what purposes will the Motorcycle be used? Social, domestic and pleasure By any other person for their business
Please check appropriate boxes By you for your business By any other person for HIRE or REWARD
By your spouse for his/her business For any other purpose

If you have checked any of the shaded boxes, please give details in the space provided for "Additional Information" overleaf, or on a separate sheet of paper.

WHO WILL DRIVE?

Detail below all persons INCLUDING THE PROPOSER who to your knowledge will drive the Motorcycle.
Please remember that currently, Transport Control Department restrictions apply in this regard.

Full Name	Years of Driving Experience	Date of Birth (Day/Month/Year)	Occupation (including nature of duties, part-time or casual)	Date Passed Bermuda Driving Test	Type of Bermuda Licence Held	Main User (check)
		/ /		/ / /		<input type="checkbox"/>
		/ /		/ / /		<input type="checkbox"/>
		/ /		/ / /		<input type="checkbox"/>
		/ /		/ / /		<input type="checkbox"/>



ABOUT THE DRIVERS

Have YOU or ANY PERSON who will drive:

- a) Been involved in any vehicle accident or loss in the last three years? (Date, Type, Amount of loss if known)
THIS INCLUDES ALL VEHICLE ACCIDENTS/LOSSES/THEFTS IRRESPECTIVE OF BLAME AND WHETHER OR NOT AN INSURANCE CLAIM RESULTED Yes No
- b) Been convicted of any motoring offence (other than parking) during the last 5 years or is any prosecution pending?
(Date, Type - including speed, penalty) Yes No
- c) Been refused motor insurance or been quoted an increased premium or had special terms imposed? Yes No
- d) Been convicted of any offence for dishonesty of any kind or is any such prosecution pending? Yes No
- e) Been disqualified from driving? (Date, period of disqualification) Yes No
- f) Suffered from heart disorder, diabetes, fits or other mental or physical infirmity including defective vision or hearing or are you/they regularly taking any prescribed medication? Yes No

If you have checked any of the shaded boxes, please give details in the space provided for "Additional Information" below, or on a separate sheet of paper.

ADDITIONAL INFORMATION

Please read the following carefully and then sign and date the Declaration

IMPORTANT – the answers you have given to these questions will usually provide us with sufficient information to enable us to consider this Proposal. However, because a list of questions can be exhaustive, please consider carefully whether there is any other information known to you that could influence our acceptance and assessment of the risk. Material information would include any special feature of the vehicle, use or driver’s history which make losses more likely to happen or more serious if they do. Please disclose to us on a separate sheet of paper any such information even if you have doubts as to whether it is material or not, as failure to do so could invalidate your policy. You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.

Before signing the Declaration, please check your answers particularly if this Proposal Form is not completed in your own hand.

DECLARATION

I declare that to the best of my knowledge and belief, the answers above are true and all material information as explained above has been disclosed. I agree that if any answer had been written by any other person, such person shall for that purpose be regarded as my agent and not the agent for the Insurers. I agree that this Proposal is for insurance under the normal terms and conditions of the Insurer’s policy and shall be incorporated in and form the basis of the insurance contract.

Signature of Proposer

Date

INSURANCE WILL NOT COMMENCE UNTIL THE INSURERS HAVE INDICATED THEIR ACCEPTANCE OF THIS PROPOSAL FORM AND A COVER NOTE OR CERTIFICATE HAS BEEN ISSUED. THE INSURERS RESERVE THE RIGHT TO DECLINE ANY PROPOSAL FORM.