

KEY PROTECTOR COMMERCIAL MOTOR INSURANCE PROPOSAL FORM

Please answer ALL questions FULLY and place an X in the appropriate

This proposal form must be completed by the legal owner of the commercial motor vehicle(s) to be insured

Your Details - Proposer

1. Title Mr Mrs Other:
2. Full name (or company name)
3. **MAILING** address
4. Date of birth (DD/MM/YY)* * Only complete if you are not a corporate entity
5. Occupation (business if company)
6. Employer name * * Only complete if you are not a corporate entity
7. Contact telephone number(s)
8. Email address
9. Number of years held a valid full driving licence and for which country(ies) * * Only complete if you are not a corporate entity
10. Driving licence number * Only complete if you are not a corporate entity

Your Insurance History

1. For Motor insurance, have you had any insurance previously, either with us or any other insurance company Yes No
 If yes, please state a) company name
 b) policy number c) expiry date d) number of years (or %) no-claims discount
 If no, please state the reason
2. In the last 5 years, have you, or any driver likely to drive the vehicle(s) proposed:
- a) ever had increased premiums, special terms, restrictions or conditions imposed by any insurance company Yes No
 b) ever been refused Motor insurance or had a Motor insurance policy cancelled by an insurance company Yes No
 c) made a Motor insurance claim or suffered any Motor loss or damage without claiming on any insurance policy Yes No
 d) ever been convicted of, or charged but not yet tried with, any criminal or motoring offences Yes No
 e) ever been declared bankrupt or been the subject of bankruptcy proceedings Yes No
 If yes, please provide details
3. Do you, or any driver likely to drive the vehicle(s) proposed:
- a) suffer from any physical or mental infirmity or illness, defective vision or hearing Yes No
 b) take any medication, presently see a Doctor or are under the care of a Doctor for anything that may hinder your driving ability Yes No
 If yes, please provide details
4. Do you have any current insurance policies with Cayman First Yes No
 If yes, please advise if Home Health Motor Other

Cover Required

1. Please state cover required Comprehensive Compulsory Third Party Only
 Comprehensive – Loss or damage to your vehicle AND legal liability to third party property and persons.
 Compulsory Third Party Only – ONLY legal liability to third party property and persons. Loss or damage to your vehicle is NOT covered.

About Your Commercial Motor Vehicle(s)

1. Vehicle Details

Licence Number	Vehicle Identification Number (VIN)	Make	Model	Body Type	Year	Engine Size	Seating Capacity	Sum Insured in KYD (Current Market Value)

2. Are you the sole owner of the vehicle and is it registered in your name Yes No
 If no, please provide ownership and registration details
3. Is the vehicle in a good state of repair and will always be maintained so Yes No
 If no, please provide details
4. Has the vehicle been modified or converted from the manufacturers original specification Yes No
 If yes, please provide details
5. Has the vehicle had any accessories fitted beyond the manufacturers accessories that you wish to insure Yes No
 If yes, please provide details
 If yes, please also provide the replacement as new value of these items KYD
6. Is there a lender or any other interested party to be noted on the policy Yes No
 If yes, please provide name and address

Note – Commercial motor vehicles that are imported or are aged 3 years or older will require inspection by us.

Drivers

1. Do you wish to have Yes No
- a) you only driving - a discounted premium will apply **(not available if you are a corporate entity)** Yes No
 - b) any authorized and licenced driver aged 22 and over (max age 75), with valid full driving licence for at least 1 year Yes No
 - c) any authorized and licenced driver aged 25 and over (max age 75), with valid full driving licence for at least 1 year Yes No
 - d) named authorized, licenced drivers (max age 75) Yes No

If yes to d), in addition to the Proposer, if not a corporate entity, a maximum of 2 additional named drivers is allowed. If you are a corporate entity then up to 3 named drivers are allowed. Details to be provided below (use Additional Information section on next page if necessary):

- | | (Additional) Driver 1 | (Additional) Driver 2 |
|--|---|---|
| 2. Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Other <input type="checkbox"/> : | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Other <input type="checkbox"/> : |
| 3. Full name (or company name) | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 4. Date of birth (DD/MM/YY) | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 5. Date (DD/MM/YY) <u>Cayman</u> driving licence obtained | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 6. Number of years held a valid full driving licence and for which country (ies) | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 7. Driving licence number | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

Note – Cover for the proposer to drive other vehicles under Section 2 – Liability to Third Parties is NOT available to individual proposers under the age of 25 or individual proposers who have less than 2 full years driving experience or to proposers who are a corporate entity.

Use

- | | | |
|-----------------------------|---|--|
| 1. Will the vehicle be used | a) for other than social domestic and pleasure and/or travelling to/from your place of work | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | b) to carry goods belonging to you or to others | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | c) to carry passengers for hire or reward | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | d) for business use on behalf of your employer (if you are not a corporate entity) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | e) for any public sector operations | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | f) in any activity in connection with the Motor Trade | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If yes or any other use, please provide details

Options (Additional premiums apply)

1. Trailer - The policy excludes these but they can be added to the Liability section only in return for an additional premium. Do you wish to add one? If yes, please provide details below. Yes No

Description	Serial No.	Value (KYD)

Note – The Trailer will require inspection by us prior to cover being added.

2. No-Claim Discount (NCD) Protection – You are eligible if the vehicle has 5 years or more (60% or more) NCD on this policy, you are aged 25 or over and have been driving for more than 2 years if you are not a corporate entity, have had no accidents nor made any motor insurance claims in the last 2 years relating to the vehicle. This allows you to have 1 at fault claim each policy period without your No-Claim Discount being reduced. Do you require this? Yes No

Start Date

1. Please state date (DD/MM/YY) you wish cover to start

Additional Information

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Declaration

Please read this very carefully and if acceptable then sign and date below.

You should show this declaration to anyone who has an interest in property insured under this policy.

I/we declare that, to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will entitle Cayman First Insurance Company Limited to void this insurance. A material fact is one likely to influence acceptance or assessment of this proposal by Cayman First Insurance Company Limited. If you are in any doubt as to what constitutes a material fact, you should consult Cayman First Insurance Company Limited.

I/we agree that this proposal forms the basis of the contract between me/us and Cayman First Insurance Company Limited and I/we accept and abide by the terms and conditions of the policy to be issued. I/we confirm that I/we have seen or have been given the opportunity to see a copy of the full policy wording.

The Insurance provided may include cover for individuals who are either insureds or beneficiaries under the policy (individual insureds). Relevant information about individual insureds is collected to provide insurance cover and to meet our legal obligations. This information may include details such names, addresses, health information, criminal convictions and other sensitive personal data.

We will process individual insureds' details, as well as any other personal information provided in respect of the insurance cover, in accordance with our Cayman First Insurance Data protection Statement, a copy of which is available online at www.caymanfirst.com/dataprotectionstatement or upon request.

Signature of proposer

Date (DD/MM/YY):

A COPY OF THE POLICY WORDING IS AVAILABLE UPON REQUEST

IMPORTANT NOTE – PLEASE NOTE THAT COVER CAN ONLY START IF A) CAYMAN FIRST INSURANCE COMPANY LIMITED HAVE ADVISED THAT THE PROPOSAL FORM IS ACCEPTABLE B) ANY OTHER REQUIREMENTS FROM CAYMAN FIRST INSURANCE COMPANY LIMITED HAVE BEEN MET AND C) THE REQUIRED PREMIUM PAYMENT IS MADE.