

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) Cayman 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
b) to carry goods belonging to you or to others
c) to carry passengers for hire or reward
d) for business use on behalf of your employer (if you are not a corporate entity)
e) for any public sector operations
f) in any activity in connection with the Motor Trade | Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>
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 declare that, to the best of my knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I 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 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 confirm that I have seen or have been given the opportunity to see a copy of the full policy wording.

I understand that my/our personal details and those of any other named drivers may be passed to, or used by, third parties such as claims administrators, loss adjusters or fraud investigators or other insurance companies or their agents for the purpose of this insurance.

I also agree that Cayman First Insurance Company Limited may share my information and that of any other named drivers with certain companies that perform marketing or other services for, or with, Cayman First Insurance Company Limited.

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.