



Don't take a chance.
Put it in our hands.

ADDITIONAL DRIVER QUESTIONNAIRE

Policy Holder _____ Policy # _____

1. Full name of additional driver _____

2. Date of Birth _____ Telephone Contact: _____

3. Occupation _____ Full address _____

4. Have you resided in The Bahamas for the past four consecutive years? YES NO

5. Driver's License No. _____ Type of Driver's License: Private Commercial

6. No. of Years driving experience _____

7. Do you suffer from any physical or mental disabilities/defects, infirmity or disease? YES NO

8. Have you had any accidents or claims in the past four years? YES NO

9. Any convictions in the past four years or any prosecutions pending in connection to a motor vehicle? YES NO

If you answered 'Yes' to any of questions 7-9 above, please provide details.

10. Have you ever been/now insured as a policyholder or named driver for a motor vehicle? YES NO

11. Have you ever been refused insurance or had any special conditions applied to your motor insurance during the past four years? YES NO

If you answered 'Yes' in response to 10 & 11, please provide details.

12. Please tick purposes for which you intend to use the vehicle in which this insurance relates:

Domestic/Social & Pleasure ___ Business ___ Commercial Travel ___ Employer's Business ___

DECLARATION- ADDITIONAL DRIVER

I warrant that the above statements made by me or on my behalf are true and complete and that nothing materially affecting the risk has been concealed by me.

Additional Driver's Signature _____ Date _____

DECLARATION- POLICY HOLDER

I/We warrant that to the best of my/our knowledge that the above statements are true and complete and that there is no other material facts that should be disclosed. I/We agree that this declaration shall, in conjunction with my/our original proposal, be incorporated in and taken as the basis of the contract between me/us and the insurer.

Policyholder's Signature _____ Date _____