

**Special Agreement forming part of my Comprehensive Private Motor Insurance Policy issued by  
Bahamas First General Insurance Company Limited**

It is understood and agreed that, notwithstanding anything that might be contained in my Private Motor Policy to the contrary, I/we \_\_\_\_\_ agree to insure my/our vehicle ( \_\_\_\_\_ ) under the following conditions: (Insert Year, Make & Model of the vehicle here)

In the event of an accident I/we understand, accept and acknowledge that:

1. Obtaining parts for my/our vehicle is beyond the control of Bahamas First, that replacement and/or repair parts may not be readily available in The Bahamas, and in some cases parts may not be available at all and could result in long delays in having my/our vehicle repaired.
2. It is possible that the vehicle will not be drivable or qualify for inspection by the Road Traffic Department for an extended period of time.
3. If parts are not available, at their option the Insurer will pay me/us cash in lieu of repairs based on the costs of any parts plus the reasonable labour cost as determined by Insurers, as settlement for my/our loss. Once the cash is paid to me/us, the responsibility to have the repairs carried out will rest on me/us.
4. If the damage renders my/our vehicle inoperable, the insurance coverage on the vehicle will be suspended until the repairs have been completed and the vehicle must be inspected by Bahamas First Motor Engineers in order to reinstate the coverage.
5. A rental car will be available to me/us for a maximum of ten (10) days, irrespective of the length of time my/our vehicle remains unrepaired.

I/We understand the points highlighted above and do hereby sign this document with the full knowledge that replacement and/or repair parts could take up to six (6) months, or even more, to be available, and in some cases may not be available at all.

Finally, I/we agree that, I/we will not hold Bahamas First responsible for delays in repairs to the vehicle due to the unavailability of parts.

(Insured - Print name then Sign here)	(Insured - Print name then Sign here)
(Witness - Print name then Sign here)	(Print name of Agency here)

Date: \_\_\_\_\_