

Suite 2, Colonial Hill Plaza
#72 University Drive
P.O. Box GT-2174
Nassau, Bahamas



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

POLICY REINSTATEMENT DECLARATION

Insured:	
Policy No.:	
Vehicle:	
VIN No.:	

I, _____, declare that I have not had any known losses during the period of _____ to _____ or have been involved in any accidents or incidents which may result in a claim being made under the above captioned policy.

I further declare that in the event an incident or claim is reported during the above-mentioned dates, I fully understand and accept that insurers (Bahamas First or CG United) will deny the claim as I will be held solely responsible, with the understanding that there was no coverage during this time.

Signature: _____

Date: _____

Witness: _____

(Shield Insurance Agents & Brokers Ltd.)



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