

How did you hear about Freisenbruch?

Comprehensive ☐ Third Party Only ☐

Yes ☐ No ☐

If 'YES' then attach your latest Renewal Notice or a letter from your previous Insurer confirming the number of claim-free years.

Engine No. _____ Chassis No. _____

- Please check appropriate boxes

- By your spouse for his/her business ☐ For any other purpose ☐

Yes ☐ No ☐

Detail below all persons *INCLUDING THE PROPOSER* who to your knowledge will drive the Motorcycle.

Full Name	Years of Driving Experience	Date of Birth (Day/Month/Year)	Occupation (including nature of duties, part-time or casual)	Date Passed Bermuda Driving Test	Type of Bermuda Licence Held	Main User (check)
		/ /		/ /		<input type="checkbox"/>
		/ /		/ /		<input type="checkbox"/>
		/ /		/ /		<input type="checkbox"/>
		/ /		/ /		<input type="checkbox"/>

ABOUT THE DRIVERS

Have YOU or ANY PERSON who will drive:

- a) Been involved in any vehicle accident or loss in the last 5 years? (Date, Type, Amount of loss if known)
THIS INCLUDES ALL VEHICLE ACCIDENTS/LOSSES/THEFTS IRRESPECTIVE OF BLAME AND WHETHER OR NOT AN INSURANCE CLAIM RESULTED Yes ☐ No ☐
- b) Been convicted of any motoring offence (other than parking) during the last 5 years or is any prosecution pending?
(Date, Type - including speed, penalty) Yes ☐ No ☐
- c) Been refused motor insurance or been quoted an increased premium or had special terms imposed? Yes ☐ No ☐
- d) Been convicted of any offence for dishonesty of any kind or is any such prosecution pending? Yes ☐ No ☐
- e) Been disqualified from driving? (Date, period of disqualification) Yes ☐ No ☐
- f) Suffer from any physical or mental ailment or infirmity that would cause you/they to be unfit to drive and that is not adequately controlled to your/their doctor's satisfaction? We may request a declaration of your/their fitness to drive. Please do not provide specific medical/health details for privacy reason. Yes ☐ No ☐

If you have checked yes for any of questions a) through e), please give details in the space provided for additional information below, or on a separate piece of paper. Please do not provide specific medical/health details for privacy reasons.

ADDITIONAL INFORMATION**Please read the following carefully and then sign and date the Declaration**

IMPORTANT – The answers you have given to the above questions will usually provide us with sufficient information to enable us to consider this Proposal Form. However, because no list of questions can be exhaustive, please consider carefully whether there is any other information known to you that could influence our acceptance and assessment of the risk. Material information would include any special feature of the vehicle, use or driver's history which make losses more likely to happen or more serious if they do. Please disclose to us on a separate sheet of paper any such information even if you have doubts as to whether it is material or not, as failure to do so could invalidate your policy. You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.

Before signing the Declaration, please check your answers particularly if this Proposal Form is not completed in your own hand.

DECLARATION

I declare that to the best of my knowledge and belief, the answers above are true and all material information as explained above has been disclosed. I agree that if any answer had been written by any other person, such person shall for that purpose be regarded as my agent and not the agent for the Insurers. I agree that this Proposal is for insurance under the normal terms and conditions of the Insurer's policy and shall be incorporated in and form the basis of the insurance contract.

Signature of Proposer

Date

INSURANCE WILL NOT COMMENCE UNTIL THE INSURERS HAVE INDICATED THEIR ACCEPTANCE OF THIS PROPOSAL FORM AND A COVER NOTE OR CERTIFICATE HAS BEEN ISSUED. THE INSURERS RESERVE THE RIGHT TO DECLINE ANY PROPOSAL FORM.