



# The Insurance Company Of The West Indies (Cayman) Limited

## RENEWAL QUESTIONNAIRE

Policyholder's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### IMPORTANT NOTICE

All the information given below must be true, complete and correct. You are under a duty to disclose all material information whether the information is asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and conditions. Your duty to make full and frank disclosure occurs not only at the time of proposing for insurance, but during the currency of the policy if there are any changes or variation in the information given, and at each renewal. Your right to protection under the policy is dependent on full disclosure of all material facts. If you are in any doubt as to whether a fact is material you should disclose it.

I/We have read and understand this Notice \_\_\_\_\_  
Policyholder's Signature

- |  | Y                        | N                        |               |
|--|--------------------------|--------------------------|---------------|
| 1. Have any of the following changed?  | <input type="checkbox"/> | <input type="checkbox"/> |               |
| a. Your e-mail address   | <input type="checkbox"/> | <input type="checkbox"/> | If yes, _____ |
| b. Your telephone numbers  | <input type="checkbox"/> | <input type="checkbox"/> | If yes, _____ |
| c. Your mailing address  | <input type="checkbox"/> | <input type="checkbox"/> | If yes, _____ |
| d. Your place of residence   | <input type="checkbox"/> | <input type="checkbox"/> | If yes, _____ |
| 2. Has your business or profession changed?  | <input type="checkbox"/> | <input type="checkbox"/> | If yes, _____ |
| 3. Has your Business/Employer's Name &/or Address changed?   | <input type="checkbox"/> | <input type="checkbox"/> | If yes, _____ |
| 4. Has your vehicle been used or is it intended to be used for any purpose other than what was previously declared?  | <input type="checkbox"/> | <input type="checkbox"/> | If yes, _____ |
| 5. Are you still the owner of the vehicle?   | <input type="checkbox"/> | <input type="checkbox"/> | If no, _____  |
| 6. Does any other party, apart from an existing mortgagee, have an interest in the insured vehicle?  | <input type="checkbox"/> | <input type="checkbox"/> | If yes, _____ |
| 7. Do you have complete custody and control of the insured vehicle?  | <input type="checkbox"/> | <input type="checkbox"/> | If no, _____  |
| 8. Have you or any regular driver been fined, had their licence endorsed/revoked, or been prosecuted for a motoring offence?   | <input type="checkbox"/> | <input type="checkbox"/> | If yes, _____ |
| 9. Do you or any regular driver suffer from any illness or medical condition, whether physical or mental, including but not limited to, diabetes, hypertension, epilepsy, stroke, heart condition, fainting spells, hallucinations, defective vision or hearing? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, _____ |
| 10. Have you had any accidents you have not advised us of?   | <input type="checkbox"/> | <input type="checkbox"/> | If yes, _____ |
| 11. Will any males under 23, who were not previously declared, drive the insured vehicle?  | <input type="checkbox"/> | <input type="checkbox"/> | If yes, _____ |
| 12. Will any females under 23, who were not previously declared, drive the insured vehicle?  | <input type="checkbox"/> | <input type="checkbox"/> | If yes, _____ |

**Please note that you need to declare any driver with a licence for less than a year as these persons are automatically excluded.**

Policyholder's Signature \_\_\_\_\_ Date \_\_\_\_\_