

AGREEMENT FORM

(When Policy issued in parents name as payment to be made by DD).

Policy Number: _____ has been issued in my name in order for the policy to be paid by
instalments, but noting that _____ will be the main user.

I agree that Islands Insurance can take instructions from _____ to make alterations to the
policy as if they are the policyholder, although any resulting additional premium will be added to the instal-
ments and Islands will write to me to confirm this.

I also understand that on cancellation of this policy that any No Claims Bonus earned will be issued in the
name of _____ as if it were their own policy.

Signature: _____

Date: _____