



GK GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON
Knutsford Boulevard

LIGUANA
Sovereign Ctr.

DOWNTOWN
Duke Street

MANDEVILLE
Midway Mall

MONTEGO BAY
Fairview Shopping Ctr.

PORTMORE
Portmore Town Ctr.

Toll Free: 1-888-429-5GKG (429-5454) | Fax: 876-968-1920 | Email: gkginfo@gkco.com | Website: www.gkgeneral.com

SMALL BUSINESS PACKAGE PROPOSAL FORM

ALL QUESTIONS MUST BE ANSWERED

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Law to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

FAILURE TO DISCLOSE

We may be entitled to reduce our liability under the contract in respect of a Claim or may cancel the Policy. If your non-disclosure is fraudulent, we may also have the option of voiding the Policy from its beginning. It is therefore vital that you make sufficient enquiries **BEFORE** you complete the proposal form and **BEFORE** you sign any declaration for the information given.

KINDLY COMPLETE IN BLOCK CAPITALS

1. PROPOSER

Name in full _____
(Mr., Ms., Miss, Mrs.)

Postal Address _____

Home Address (if different than above) _____

Postal Code (if any) _____ TRN _____

Date & Place of Birth (City, Parish) _____

Nationality _____ E-mail address _____

Telephone Numbers: Home _____ Business _____ Cell _____

2. CONTACT PERSON

Name _____ Telephone Number _____

Address _____

3. GENERAL INFORMATION	Yes	No
1. Would you like to send instructions to GK GENERAL via email?		
2. Would you like to receive communication electronically?		
a) If YES , what is your preferred method of communication <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT MESSAGE		
3. Are you a Director of any Company insured with GK GENERAL?		
a) If YES , give details _____		
4. To the best of your knowledge, are you or any close relative connected in any way to GK GENERAL or any other member of the GraceKennedy Group?		
a) If YES , give details _____		
5. Are you or an immediate relative or any close associate entrusted with a prominent public position such as a Senior Politician, Senior Government Official or Executive of a political party?		
a) If YES , give details _____		

4. EMPLOYMENT

Occupation/Trade/Profession _____

Business Name _____

Business Address _____

Telephone Number _____ Fax _____

If Self-employed, state nature of your self employment _____

How long has the business been: i) on the present premises _____ ii) elsewhere _____

5. RISK ADDRESS

6. CONSTRUCTION External Walls _____ Roof _____

Internal Floors _____ No. of Storeys _____

7. MORTGAGEE: _____

8. PERIOD OF INSURANCE From _____ To _____

9. RISK DETAILS

SECTION 1 – BUILDINGS (To include building, landlord’s fixtures and fittings. To take advantage of our replacement value cover you should insure for full replacement value.)

ITEM	SUM INSURED
1. BUILDINGS	\$ _____
2. OTHER (Please specify) _____	\$ _____
TOTAL SECTION 1	\$ _____

SECTION 2 – CONTENTS

Please state the Total Sum Insured on:

	SUM INSURED
1. STOCK & MATERIALS IN TRADE (this includes the property of the proposer or held by him in trust or on commission or for which he is responsible)	\$ _____
2. MACHINERY, PLANT, FIXTURES, FITTINGS & OFFICE FURNITURE	\$ _____
3. OTHER CONTENTS (Please specify) _____	\$ _____
TOTAL SECTION 2	\$ _____
TOTAL ALL SECTIONS	\$ _____

SECTION 3 – MONEY

1. How is money conveyed between your premises and the bank? _____
2. Give details of safe or strong room. _____
3. Do you require a 100%, 30 day, seasonal increase? YES NO
 - a) If yes, state the 30 day period required _____

SECTION 4 – EMPLOYEES

1. Number of employees and description (e.g. Clerical, etc.)? _____
2. Wages _____
4. Are there any employees with pre-existing physical defects? YES NO
 - a) If YES, give details _____

10. GENERAL RISK INFORMATION	Yes	No
1. Are the buildings in a good state of repairs and will they be so maintained?		
2. Are there any obligations imposed by any law/regulation governing the conduct or upkeep of the premises?		
a) If YES, give details _____		
3. Is there any power-driven, woodworking or other machinery used?		
a) If YES, give details _____		
4. Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition?		
5. Are any acids, gases, chemicals or explosives used?		
a) If YES, give details _____		
6. Are there any lifts, elevators, cranes or hoists used?		
a) If YES, give details _____		
7. Are the premises low lying and /or subject to flooding from any sea, river, waterway or reservoir?		
8. Has there been flooding in the vicinity?		
9. Is any property kept below ground level?		
10. Is the building situated on built-up land or hillside?		
11. Have any of your requests for insurance ever been declined or has any insurer required special terms or additional precautions to be taken?		
a) If YES, give details _____		
12. Were you previously insured in the last 36 months?		
a) If YES, give details _____		

11. CLAIMS HISTORY

What losses have you sustained in recent years? State date of loss, amount, and cause thereof.

Loss Date	Loss Amount	Loss Cause

12. CONTACT DETAILS OF TWO REFERENCES

1. Name in full _____

Address _____

Telephone Numbers: Home _____ Business _____ Cell _____

2. Name in full _____

Address _____

Telephone Numbers: Home _____ Business _____ Cell _____

CUSTOMER INFORMATION SHARING	Yes	No
I/we agree that GK GENERAL may share any personal and financial information that I/we provide to GK GENERAL with the current and future subsidiaries and affiliates of GraceKennedy Ltd. for the purposes of marketing other products and services offered by said subsidiaries and affiliates of GraceKennedy Ltd.		

SOURCE OF FUNDS (i.e. your earnings/income, e.g. wages, investments etc.) _____

Average Clause: If at the time of a loss your property is deemed to be of greater value than the Sum Insured you are considered your own insurer for the amount not insured and shall bear a rateable proportion of each and every loss.

DECLARATION: I declare that to my knowledge and belief the answers and particulars given in this proposal, whether by me or on my behalf are true and complete, that I have not withheld any material information. I agree that this proposal and declaration shall be the basis of the contract between GK General Insurance Company Ltd. and I, whose policy terms and conditions I accept.

SIGNATURE OF PROPOSER _____ **DATE:** _____

No insurance is in force until GK General Insurance Company has accepted the Proposal, and the Premium or a Deposit paid except as provided by an Official Covering Note issued by the Company.

Broker /Agent
