



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

INDIVIDUAL MOTOR VEHICLE PROPOSAL FORM

ALL QUESTIONS MUST BE ANSWERED

PERSONAL INFORMATION					
Gender:	Male	Female			
Title:	Mr.	Ms.	Mrs	Dr Other _____	
Marital Status:	Married	Single	Widowed	Divorced	
First Name:	Middle Name:	Last Name:	TRN:		
Postal Address:					
Home Address (if different from above):					
Date of Birth: (dd/mm/yyyy)			Nationality:		
Place of Birth (City, Parish):					
Home Number:	Business Number:	Cellular Number:	Cell. Number (Alternative):		
E-mail Address:					
CONTACT PERSON INFORMATION					
First Name:	Middle Name:	Last Name:			
Home Address:					
GENERAL INFORMATION				YES	NO
Would you like to send instructions to GK Insurance via email?					
Would you like to receive communication electronically?					
Are you a Director of any Company insured with GK Insurance?					
If YES, give details _____					
To the best of your knowledge, are you or any close relative connected in any way to GK Insurance or any other member of the GraceKennedy Group?					
If YES, give details _____					
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?					
If YES, give details _____					
EMPLOYMENT INFORMATION					
Employment Type	Employed	Unemployed	Self Employed	Retired	Student
Employer's Business:					
Name of Employer:					
Address of Employer:					
Address at which Employed (if different):					
Occupation:			Job Title:		
If Self-employed, state nature of your self employment					
Employer's Telephone No.:			Fax Number:		
DRIVERS (INCLUDING PROPOSER)					
DRIVER #1			DRIVER #2		
First Name:	Last Name:		First Name:	Last Name:	
Relationship to Proposer:	Occupation:		Relationship to Proposer:	Occupation:	
Date of Birth:	Years Driving:		Date of Birth:	Years Driving:	
Driver's Licence No.:	Licence Type:		Driver's Licence No.:	Licence Type:	
DRIVER #3			DRIVER #4		
First Name:	Last Name:		First Name:	Last Name:	
Relationship to Proposer	Occupation:		Relationship to Proposer	Occupation:	
Date of Birth:	Years Driving:		Date of Birth:	Years Driving:	
Driver's Licence No.:	Licence Type:		Driver's Licence No.:	Licence Type:	
DRIVERS' INFORMATION				YES	NO
Will the motor vehicle(s) be restricted solely to the drivers named above?					
Will anyone to your knowledge be using the vehicle to learn to drive?					
Will anyone who is likely to drive under the age of 21?					
Will anyone who is likely to drive hold a full driver's licence that is less than 24 months?					
Will anyone who is likely to drive not driven for any consecutive period of 6 months or more during the past 24 months?					
If YES, give details _____					
Will anyone who is likely to drive (including you) suffer from defective vision, hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity?					

If YES, give details _____					
To the best of your knowledge in the past 36 months has anyone who is likely to drive been fined for a motoring offence, had their licence endorsed/ revoked or been prosecuted for a motoring offence?					
If YES, give details _____					
VEHICLE DETAILS (UP TO FOUR VEHICLES)					
Year of Manufacture	1)	2)	3)	4)	
Make	1)	2)	3)	4)	
Model	1)	2)	3)	4)	
Chassis No.	1)	2)	3)	4)	
C.C. Rating	1)	2)	3)	4)	
Reg. No.	1)	2)	3)	4)	
POLICY DETAILS					
PERIOD OF INSURANCE: (dd/mm/yyyy) From _____ To _____					
COVER REQUIRED: Comprehensive Third Party Fire & Theft Third Party Only					
GENERAL VEHICLE INFORMATION				YES	NO
Is the vehicle used for Social and Domestic (including traveling to and from work) and Pleasure only and in connection with your business?					
Is the vehicle used in connection with a business? (i.e. by you in connection with your business/ by you in your employer's business/ by your employees in your business/in the carriage of goods/for the carriage of passengers for payment?)					
If YES, give details _____					
Is the vehicle used for hire or reward or in connection with a motor trade?					
Is the vehicle used in connection with motor racing, trails and rallies?					
Do you accept that the policy will only provide cover for the permitted use of the motor vehicle specified above?					
Is the vehicle roadworthy and in good condition?					
Has the vehicle been modified from the manufacturer's specifications?					
If YES, give details _____					
Does the vehicle have a super charged or turbo charged or other high performance engine?					
Where is the motor vehicle usually parked? _____					
Are there any anti-theft devices on the vehicle such as a kill switch or alarm?					
If YES, give details _____					
Will you have complete custody and control of the motor vehicle?					
If NO, please state who will _____					
Is the key electronically coded?					
SOURCE OF FUNDS					
Earnings/Income	Wages	Remittance	Investments	Other _____	
OWNERSHIP INFORMATION				YES	NO
Is the vehicle registered in your name?					
If NO, give name and address of registered owner Name: _____ Address: _____					
Is there a Finance Company (Mortgagee)?					
If YES, give details _____					
Does anyone other than you have a financial interest in the vehicle?					
If YES, please state name and contact information Name: _____ Contact: _____					
DISCOUNTS				YES	NO
Do you (or your spouse) have a Home Insurance Policy with GK Insurance?					
Do you have other vehicles insured with GK Insurance?					
Are you a member of Jamaica Automobile Association (JAA) or the Insurance Institute of Jamaica (IJJ)?					
Are you earning a No Claim Discount? NB: If YES, proof (e.g. Claims Experience Letter) must be provided					
INCREASED BENEFITS (MULTIPLE CAN BE SELECTED)					
Increased Third Party Limits		Increased Personal Accident Limits		Increased Windscreen Limit*	
Replacement Vehicle Hire*		Passenger Liability Negligence		Cover for Towing (boat, trail, etc.)	
SPECIFIED TRAILER: Chassis No. _____ Estimated value: _____ Description: Make _____ Type _____					
UNSPECIFIED TRAILER: Max # of trailers in use at anyone time _____					
Highest value of trailers that will be attached at any one time _____					
REFERENCE DETAILS					
REFEREE #1		REFEREE #2			
Name:		Name:			
Address:		Address:			
Telephone No.:		Telephone No.:			

CUSTOMER INFORMATION SHARING	YES	NO
<p>I/we agree that GK Insurance may share any personal and financial information that I/we provide to GK Insurance 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.</p>		
<p>The policy is voidable if the proposer makes any false statement or withholds any material information.</p> <p>I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/we undertake that the vehicle(s) to be insured: (a) will not be driven by any person who to my/our knowledge has been refused motor vehicle insurance of continuance thereof and (b) is or are in a road worthy condition, and will be so maintained during the currency of any policy issued by GK Insurance.</p> <p>I/We desire to effect an insurance with GK Insurance in the terms, conditions and exceptions of the policy to be issued by GK Insurance. I/We agree that this proposal shall be incorporated in and taken as the basis of the proposed contract between me/us and GK Insurance. I/We hereby authorize GK Insurance to share with other insurance companies, the Police and the Island Traffic Authority in Jamaica and any other such entities any and all information that may be required by those entities pertaining to me, my authorized driver(s) or the vehicle(s) declared in this Proposal Form or in the Policy document which together constitute the contract. I/We further consent to Insurance companies obtaining information in relation to my/our driving history from the Police, The Island Traffic Authority and other such entities in Jamaica.</p>		
<p>_____</p> <p style="text-align: center;">Proposer's Name</p>	<p>_____</p> <p style="text-align: center;">Proposer's Signature</p>	<p>_____</p> <p style="text-align: center;">Date (dd/mm/yyyy)</p>
<p>Liability does not commence until an official cover note or certificate has been issued. By affixing my signature to this form I confirm both my receipt and acknowledgement of the terms on this proposal form and confirm receiving my policy.</p>		
<p>eForm GKIMPF v1</p>		