



**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*

**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 (Other than Proposer)**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_

**3. EMPLOYMENT**

Occupation/Trade/Profession \_\_\_\_\_  
 Employer's Business \_\_\_\_\_  
 Business/Employer's Name \_\_\_\_\_  
 Address at which Employed \_\_\_\_\_  
 Employer's Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_  
 If Self-employed, state nature of your self employment \_\_\_\_\_

**4. SOURCE OF FUNDS** (i.e. your earnings/income – e.g. wages, remittances, investments, etc.) \_\_\_\_\_

**5. DRIVERS INCLUDING PROPOSER** (Please note all the persons who are most likely to drive)

Name	Relationship to Proposer	Occupation	Date of Birth	Years Driving	Driver's Licence No.	Licence Type	Main Driver

<b>6. DRIVERS' INFORMATION</b>		Yes	No
1. Will the motor vehicle(s) be restricted solely to the drivers named above?			
2. Will anyone to your knowledge be using the vehicle to learn to drive?			
3. Will anyone who is likely to drive under the age of 21?			
4. Will anyone who is likely to drive hold a full driver's licence that is less than 24 months?			
5. Will anyone who is likely to drive <b>not</b> driven for any consecutive period of 6 months or more during the past 24 months?			
a) If YES, give details _____			
6. 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?			
a) If YES, give details _____			
7. 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?			
a) If YES, give details _____			

**7. PERIOD OF INSURANCE** From \_\_\_\_\_ To \_\_\_\_\_

**8. COVER REQUIRED** a) Comprehensive  b) Third Party Fire & Theft  c) Third Party Only

**9. VEHICLE DETAILS** (if more than 2, attach schedule)

Sum Insured	1)	2)
Year of manufacture	1)	2)
Make & Model	1)	2)
Chassis No.	1)	2)
c.c.	1)	2)
Reg. No.	1)	2)

**10. CLAIMS HISTORY**

What accidents or losses have occurred during the past 36 months, by you or any other person who will likely drive the vehicle?  
(Including Theft and Windscreen)

Year	NAME of DRIVER and BRIEF DETAILS

<b>11. GENERAL VEHICLE INFORMATION</b>	Yes	No
1. Is the vehicle used for Social and Domestic (including traveling to and from work) and Pleasure only and in connection with your business?		
2. Is the vehicle used in connection with a business? (i.e. 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?)		
a) If YES, give details _____		
3. Is the vehicle used for hire or reward or in connection with a motor trade?		
4. Is the vehicle used in connection with motor racing, trails and rallies?		
5. Do you accept that the policy will only provide cover for the permitted use of the motor vehicle specified above?		
6. Is the vehicle roadworthy and in good condition?		
7. Has the vehicle been modified from the manufacturer's specifications?		
a) If YES, give details _____		
8. Does the vehicle have a super charged or turbo charged or other high performance engine?		
9. Where is the motor vehicle usually parked? _____		
10. Are there any anti-theft devices on the vehicle such as a kill switch or alarm?		
a) If YES, give details _____		
11. Will you have complete custody and control of the motor vehicle?		
a) If NO, please state who will _____		
12. Is the key electronically coded?		

<b>12. OWNERSHIP</b>	Yes	No
Is the vehicle registered in your name?		
a) If NO, give name and address of the registered owner		
Name _____		
Address _____		
Is there a Finance Company (Mortgagee)?		
a) If YES, please details _____		
Does anyone other than you have a financial interest in the vehicle?		
Name _____ Contact Number _____		

<b>13. ADDITIONAL RISK</b>	Yes	No
Specified Trailer: If yes, please provide the information below		
Chassis No. _____ Estimated Value: _____		
Description (Make & Type): _____		
Unspecified Trailer: If yes, please provide the information below		
Max # of trailers in use at anyone time _____		
Maximum length of trailer that will be attached at any one time _____		

<b>14. DISCOUNTS</b>	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 (IIJ)?		
Are you earning a No Claim Discount? <b>NB:</b> If YES, proof (e.g. Claims Experience Letter) must be provided		

<b>15. INCREASED BENEFITS</b>	<b>Yes</b>	<b>No</b>
Increased Third Party Limits		
Increased Personal Accident Limits		
Increased Windscreen Limit		
Replacement Vehicle Hire		
Passenger Liability Negligence		
Accident Forgiveness (Protected NCD)		
Uninsured Motorist Coverage		
Cover for towing (boat, trailer, etc.)		
<b>16. GENERAL INFORMATION</b>	<b>Yes</b>	<b>No</b>
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?		
a) 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?		
a) 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?		
a) If YES, give details _____		

**17. 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 \_\_\_\_\_

<b>18. CUSTOMER INFORMATION SHARING</b>	<b>Yes</b>	<b>No</b>
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.		

**The policy is voidable if the proposer makes any false statement or withholds any material information.**

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.

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.

Date \_\_\_\_\_ Proposer's Signature \_\_\_\_\_ Agent/Broker \_\_\_\_\_

**Liability does not commence until an official cover note or certificate has been issued. By affixing my signature to this form I confirm my acknowledgement of the terms on this proposal form.**