



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

ALL RISK 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 _____
 Employer's Business _____
 Business/Employer's Name and Address _____
 Address at which Employed (if different) _____
 Employer's Telephone Number _____ Fax _____
 If Self-employed, state nature of your self employment _____

5. RISK DETAILS

List all items with descriptions and their sums insured, and attach to this proposal.

- N.B.**
 1. A valuation or receipt is required for all items exceeding \$5,000
 2. The sums insured must at all times represent the full value of the property to be insured.
 3. If there is insufficient space provided, complete a separate sheet and attach to this proposal form

SUM INSURED \$ _____

6. MORTGAGEE: _____

7. PERIOD OF INSURANCE FROM _____ TO _____

8. GENERAL RISK INFORMATION		Yes	No
1. Are any items kept at a location/country other than stated above?			
a) If YES, give details _____			
2. Are any items kept out of doors?			
a) If YES, give details _____			
3. Describe your normal residence (e.g. Private house, Flat, Hotel, Apartment, etc.) _____			
4. State how the following are secured, giving makes of locks if possible: a) Front door _____			
b) Other doors _____ c) Windows (if accessible) _____			
5. Are the premises occupied by anyone other than you or your family?			
a) If YES, give details _____			
6. Are the premises occupied for any business or professional pursuits?			
a) If YES, give details _____			
7. Are any of the items hired out?			
a) If YES, attach a copy of any agreement and indicate item(s) concerned and usual frequency and period of such agreement			
8. Are you at present insured for any of the risks now proposed?			
a) If YES, give details _____			
9. Have you previously held insurance against Burglary, Theft or All Risks?			
a) If YES, give details _____			
10. Have any claims or losses occurred during the past 5 years, whether insured or not?			
a) If YES, give details _____			
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. Has any insurer ever required an increased premium or imposed special conditions?			
a) If YES, give details _____			

9. CLAIMS HISTORY

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

Loss Date	Loss Amount	Loss Cause

10. 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 _____

11. 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.		

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

13. 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