



# 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.

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## COMMERCIAL 'ALL RISKS' PROPOSAL FORM

FULL NAME OF PROPOSER \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

SITUATION of PROPERTY to be Insured \_\_\_\_\_

Telephone No(s) \_\_\_\_\_ (cell: #, Provider)

TRN \_\_\_\_\_ e-mail address \_\_\_\_\_ Fax # \_\_\_\_\_

### CONSTRUCTION OF BUILDING(S):

External Walls \_\_\_\_\_ Roof \_\_\_\_\_

Internal Floors \_\_\_\_\_ No. of Storeys \_\_\_\_\_ Age (approx.) \_\_\_\_\_

### OCCUPIED as follows:

By Proposer as: \_\_\_\_\_

By Others as: \_\_\_\_\_

**Commercial 'All Risks': is subject to landslip, subsidence, looting and other exclusions and to the terms, conditions, limitations and excesses (deductibles) of the Company's Policy.**

**CONDITION OF AVERAGE: The Condition of Average (Underinsurance) is incorporated in the Policy. This means that the actual replacement value of the property must be insured; otherwise you will be considered your own insurer for the difference and bear a proportionate amount of any loss.**

### ITEMS TO BE INSURED

	SUM INSURED
1. On Building including Landlords' Fittings/Fixtures therein & thereon	\$ _____
2. On Outbuilding(s) (describe)	\$ _____
3. On Stock and materials in trade the property of the Proposer or held by him in trust or on commission or for which he is responsible	\$ _____
4. On Machinery, Plant, Fixtures & Fittings or Office furniture	\$ _____
5. On Household Goods and Personal Effects	\$ _____
6. On other property*, describe _____	\$ _____

State, with Sum Insured, if separate amounts are required on: i) Boundary Walls, Gates and/or Fences; ii) Professional fees: iii) Removal of Debris; iv) "All Other Contents"

i) _____ ii) _____ iii) _____ iv) _____	Total i), ii), iii), iv) \$ _____
	GRAND TOTAL \$ _____

\* if Situate elsewhere, please state Location, Construction, and Occupation \_\_\_\_\_

### LIMITS ON CONTENTS: ACCIDENTAL DAMAGE & BURGLARY, THEFT etc.

Limits apply to coverage on Contents. Kindly complete A and B below:

**A. ACCIDENTAL DAMAGE:** the standard limit for Accidental Damage is 2% on the property insured, excluding buildings, Maximum Limit :\$500,000.

If a greater % / dollar (\$) amount than 2% is required, state dollar limit (max. \$500,000) required \$ \_\_\_\_\_

### B. BURGLARY, HOUSEBREAKING, THEFT & LARCENY:

State Full Value and First Loss Limits required on Contents:

ITEM	FULL VALUE	FIRST LOSS
a) Stock-in-Trade	\$ _____	\$ _____
b) Goods in Trust or on commission	\$ _____	\$ _____
c) Office Contents	\$ _____	\$ _____
d) Machinery, Plant, Fixtures & Fittings	\$ _____	\$ _____
e) Other, describe _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

### THE QUESTIONS ON THE BACK OF THIS FORM MUST BE ANSWERED BY THE PROPOSER

This insurance will not be in force until the proposal has been accepted. Subject thereto this insurance is to commence on \_\_\_\_\_ and to be renewable on \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING:

- 1a. If building is powered other than by electricity, state how \_\_\_\_\_
- 1b is any wiring exposed? \_\_\_\_\_
- 1c. Are buildings and housekeeping maintained in good order? \_\_\_\_\_
- 1d. Are buildings / premises congested? \_\_\_\_\_
- 2a Give details of any manufacturing process \_\_\_\_\_
- 2b Give details of any power machinery used \_\_\_\_\_
- 2c Give details of any ignition sources (e.g. welding) \_\_\_\_\_
3. Give details of any hazardous goods (e.g. fuel, explosives, toxic or flammable chemicals) \_\_\_\_\_
- \_\_\_\_\_
4. Give details of adjoining and/or nearby buildings including construction, condition, occupancy, and distance (if any) detached:  
Right \_\_\_\_\_ Left \_\_\_\_\_  
Rear \_\_\_\_\_ Front \_\_\_\_\_
5. If any of the following apply, give details below: Is Premises – a) low lying and subject to flooding b) located where flooding has occurred in the vicinity c) buildings situated on built-up land or hillside d) situate within 300' of the coast (high tide mark) and under 50' above sea level. e) Is any property kept below ground level? f) To what extent will premises be left unoccupied?  
\_\_\_\_\_
6. Give details of Protections:  
a) Fire protection (e.g. extinguishers etc.) \_\_\_\_\_  
b) Burglary/Theft protection (e.g. Burglar alarms, security guards etc.) \_\_\_\_\_
7. If Stock is to be covered, please answer the following: i) are stock and sales books kept (in English)? ii) are they posted promptly? iii) present value of stock iv) description of stock v) How often are your books audited? vi) Give name and address of Auditors. \_\_\_\_\_
- \_\_\_\_\_
8. How long have you been in business, i) in these premises? \_\_\_\_\_ ii) elsewhere \_\_\_\_\_
- 9a. Give details if any Insurer has i) declined to insure you ii) required special terms iii) cancelled or refused to renew your insurance. \_\_\_\_\_
- 9b. Give the names of any Insurers with whom you have previously been insured in the last 3 years. \_\_\_\_\_
- \_\_\_\_\_
10. Give full particulars of all losses sustained, in the past 3 years, at this or any other premises, in respect of risks proposed to be covered. \_\_\_\_\_
- \_\_\_\_\_
11. Are amounts to be insured full reinstatement values? \_\_\_\_\_
12. Name and Address of Mortgagees. \_\_\_\_\_
13. Subject to the Company's agreement – Do you require coverage in respect of the following:  
Subsidence, landslip, Groundheave \_\_\_\_\_ Limit requested/agreed \$ \_\_\_\_\_  
Looting \_\_\_\_\_ Limit requested/agreed \$ \_\_\_\_\_
14. Are you willing to accept increased excess(es) for premium rebate? Refer to Company representative for details.

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

Date: \_\_\_\_\_ Proposer's Signature: \_\_\_\_\_