



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

COMPANY MOTOR VEHICLE PROPOSAL FORM
ALL QUESTIONS MUST BE ANSWERED

KINDLY COMPLETE IN BLOCK CAPITALS

1. PROPOSER

Registered Name of Company/Partnership/Association: _____

Trading as (T/A), if different from above: _____

Company Address: _____

Contact's official position: _____ ID# & Type: _____

Date of Incorporation/Registration: ____/____/____ Company TRN: _____
 (dd) (mm) (yyyy)

Type of Business: Sole Proprietorship Partnership Corporation Charitable Organisation Other

Authorised Signatories/All Directors:

Name: _____ Position: _____ Home Address: _____

Name: _____ Position: _____ Home Address: _____
(if additional space is required, please attach sheet with information to this form)

Shareholders with a 10% or more shareholding:

Name: _____ Home Address: _____ Percentage: _____

Name: _____ Home Address: _____ Percentage: _____
(if additional space is required, please attach sheet with information to this form)

2. POLITICALLY EXPOSED PERSON (PEP) DETAILS	Yes	No
Do any of the named Directors or Shareholders currently hold or previously held a prominent public office and would be considered a politically exposed person (PEP)?		
If yes, give details _____		

3. GENERAL INFORMATION	Yes	No
1. Would you like to send instructions to GK Insurance via email?		
2. Would you like to receive communication electronically?		
3. Are you a Director of any Company insured with GK Insurance?		
a) If YES, give details _____		
4. 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 _____		
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. 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

5. DRIVERS' INFORMATION	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 not 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 _____		

6. PERIOD OF INSURANCE From _____ To _____

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

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

9. VEHICLE DETAILS (if more than 2, attached schedule)		
Year of manufacture	1)	2)
Make & Model	1)	2)
Chassis No.	1)	2)
c.c.	1)	2)
Reg. No.	1)	2)

10. GENERAL VEHICLE INFORMATION		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 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?)		
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?		

11. OWNERSHIP		Yes	No
1.	Is the vehicle registered in your name?		
a) If NO, give name and address of the registered owner Name _____ Address _____			
2.	Is there a Finance Company (Mortgagee)?		
a) If YES, please details _____			
3.	Does anyone other than you have a financial interest in the vehicle?		
a) If YES, please state name and contact information Name _____ Contact Number _____			

12. DISCOUNTS		Yes	No
1.	Do you (or your spouse) have a Home Insurance Policy with GK Insurance?		
2.	Do you have other vehicles insured with GK Insurance?		
3.	Are you a member of Jamaica Automobile Association (JAA) or the Insurance Institute of Jamaica (IIJ)?		
4.	Are you earning a No Claim Discount? NB: If YES, proof (e.g. Claims Experience Letter) must be provided		

13. INCREASED BENEFITS i) Increased Third Party Limits ii) Increased Personal Accident Limits iii) Increased Windscreen Limit

iv) Replacement Vehicle Hire v) Passenger Liability Negligence vi) Cover for towing (boat, trailer, 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 _____

14. 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 _____

15. CUSTOMER INFORMATION SHARING		Yes	No
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 both my receipt and acknowledgement of the terms on this proposal form and confirm receiving my policy.