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FIRE AND ALLIED PERILS PROPOSAL FORM

(Answer questions pertaining to individual(s) or Company, as relevant)

FULL NAME OF PROPOSER _____

POSTAL ADDRESS (include Postal Code, if any) _____

DATE & PLACE OF BIRTH: _____ NATIONALITY: _____

SITUATION of PROPERTY to be Insured _____

Telephone No(s) _____ (o) _____ (h) _____ (cell)

TRN _____ e-mail address _____ Fax _____

I would like to receive documentation / communication electronically (where applicable). YES NO

EMPLOYMENT:

OCCUPATION / TRADE / PROFESSION: _____

EMPLOYER'S BUSINESS: _____

EMPLOYER'S NAME and ADDRESS: _____

Address at which Employed (if different) _____

EMPLOYER'S TELEPHONE No(s) _____ FAX _____

If self employed, state nature of your self employment _____

CONTACT PERSON: Name, Address, Tel. No(s): _____

Are you or an immediate relative or closely associated entrusted with a prominent public position such as that of a Senior Politician, Senior Government Official or Executive of a political party? YES NO

If yes, please explain. _____

CONSTRUCTION OF BUILDING(S):

External Walls _____ Roof _____

Internal Floors _____ No. of Stories _____

OCCUPIED as follows:

By Proposer: _____ as _____

By (Name) _____ as _____

By (Name) _____ as _____

By (Name) _____ as _____

Standard Perils: Fire, Lightning, Explosion, Impact (by Aircraft, Vehicle or Animal) Riot, Strike or Malicious Damage, Earthquake, Hurricane, Flood and Escape of Water from any Tank, Apparatus or Pipe.

Fire and perils all subject to the terms, conditions, limitations and excesses (deductibles) of the Company's Policy.

PERILS TO BE INSURED (tick one)

- a) Fire and All Perils
- b) Fire and Perils, Excluding Earthquake and Hurricane
- c) Fire and Perils, Excluding Earthquake
- d) Fire and Perils, Excluding Hurricane

CONDITION OF AVERAGE (UNDERINSURANCE): The Condition of Average applies. 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*	\$ _____
* Please state Location, Construction, Roofing and Occupation/occupancy. TOTAL	\$ _____

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) _____ (v) Loss of Rent: Indemnity period _____ Months

Total (i), (ii), (iii), (iv), (v) \$ _____

GRAND TOTAL (of items to be insured) \$ _____

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 _____

PROVIDE 2 REFERENCES (Applicable to individual proposers only; Give Names, addresses and telephone Nos.)

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

1a) Is building powered by electricity? b) Is all wiring in good condition?	a) b)
2a) Are buildings in a good state of repair? b) Will they be maintained? c) Are premises congested? d) Will premises be left unoccupied? How long?	a) b) c) d)
3a) Is any process of manufacture carried on? If so, give details. b) Is any power machinery used? If so, give details	a) b)
4 Are any hazardous goods* stored at the premises? If so, give details. * (e.g. kerosene, explosives, toxic or flammable chemicals, fertilizer, paints or lacquers and the like)	
5a) How far is the building from its nearest neighbour? b) Describe the occupancy, construction and condition of buildings on either side and to the rear.	a) b)
6a) Are the premises low lying and subject to flooding? b) Has there been flooding in the vicinity? Details c) Is any property kept below ground level? d) Is the building situated on built-up land or hillside?	a) b) c) d)
7 How long have you carried on business:- i) in these premises? ii) elsewhere?	i) ii)
8 If stock is to be covered: i) Are stock and sales books kept (in English)? ii) Describe the stock on the premises iii) Value of stock at last stock taking, and date iv) Present value of stock v) Are your books audited at least once per year? vi) Name and address of Auditors	i) ii) iii) iv) v) vi)
9 Has any Insurer: i) declined to Insure you? ii) required special terms to insure you? iii) cancelled or refused to renew your insurance?	i) ii) iii)
10 Is any of the property included in this proposal insured elsewhere? If so, give details	
11 Give full particulars of all losses sustained by you at this or any address in respect of any of the perils to which this proposal applies	
12 Give names of other Insurers with whom you have previously been insured in the last 3 years	
13 Are amounts to be insured full reinstatement values?	
14 Name and address of Mortgagees	
15. Are you a Director of any Company insured with JIIC? If so, give details	
16. To the best of your knowledge, are you or any close relative connected in any way to JIIC or any other member of the GraceKennedy Group? If so give details	

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 me and Jamaica International Insurance Company Ltd. whose policy terms and conditions I accept.

Date: _____ Proposer's Signature: _____