



JAMAICA INTERNATIONAL INSURANCE COMPANY LIMITED

NEW KINGSTON Knutsford Boulevard LIGUANEA Sovereign Ctr. DOWNTOWN Duke Street MANDEVILLE Midway Mall MONTEGO BAY Fairview Shopping Ctr. OCHO RIOS Ocean Village Shop. Ctr. PORTMORE Portmore Town Ctr.

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MOTOR VEHICLE RENEWAL QUESTIONNAIRE
*ALL QUESTIONS **MUST** BE ANSWERED*

Your name: _____ Your Policy #: _____

Date Of Birth: ____/____/____ Place of Birth: _____
(dd) (mm) (yyyy)

Mailing Address: _____

Home Address: _____

Your contact numbers (H) _____ (C) _____ (O) _____

Employer's Name: _____ Job Title: _____

Employer's Address: _____

Your TRN: _____ Your e-mail address: _____

Are you or an immediate relative or close associate been 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. _____

Please tick the appropriate response:

Motor policy	Yes	No
1. Do you know what the term Excess means and the excess on your policy?		
2. Do you understand how the Excess on your policy is applied?		
3. Are you aware of the Un-named Driver Excess?		
4. Do you know about our Replacement Vehicle Hire benefit?		
5. Do you understand the policy on Suspending Cover whilst your vehicle is not being driven? <i>(Conditions apply)</i>		
6. Do you have a tracking device on your vehicle?		
7. Have you modified or done any special markings on your vehicle?		
8. Where is the motor vehicle usually parked? <input type="checkbox"/> Private locked garage <input type="checkbox"/> Carport <input type="checkbox"/> Public road/street <input type="checkbox"/> Open <input type="checkbox"/> Other (please state)		
9. Would you like to increase your third party liability limits?		

Please provide us with an updated listing of all the persons who are most likely to drive your vehicle (including Proposer).

Name	Relationship to Proposer	Occupation	Date of Birth	Years Driving	TRN	Type
Main Driver:						

Drivers Information	Yes	No
1. If your policy was issued for Named Drivers Only, would you like to change this?		
2. Is anyone within the following age categories driving or is likely to drive your vehicle: (i) Under the age of 21 (<i>Private Motor Vehicle Insurance</i>) (ii) Under the age of 23 or over the age of 70 (<i>Commercial Motor Vehicle Insurance</i>)		
3. Is anyone holding a Drivers License for less than 24 months driving or is likely to drive your vehicle?		
4. Have you or any other person who will likely drive the vehicle had any losses, claims or accidents within the last 36 months?		
5. To the best of your knowledge in the past 36 months has anyone who is likely to drive: (i) been fined, (ii) had their licence endorsed / revoked, (iii) been prosecuted for a motoring offence?		

Use of vehicle	Yes	No
1. Social and Domestic (including traveling to and from work) and pleasure only.		
2. Solely by you in connection with your business.		
3. Used by you in your employer's business.		
4. Used by your employees in your business.		
5. Used for hire or reward or in connection with a motor trade.		
6. Used in connection with motor racing, trails and rallies.		
7. Will the vehicle be used for commercial travel? a. If yes, please state the type of goods, if any, that will be carried		
8. Do you accept that the policy will only provide cover based on responses provided above?		

Additional Details	Yes	No
1. Do you know that we offer Magna reward points for every transaction?		
2. Would you like to be able to pay your premium online?		
3. Is it okay with you if we share your information with Bill Express in order to facilitate online payments?		
4. Would you like to receive your Renewal Notice and other forms of communications by electronic means or in such electronic form as you deem fit? <i>(Conditions apply*)</i> Email Text message		
5. Would you like to receive reminders about your policy renewal / JIIC special client notices via text messages?		
6. Are you aware that you do not need to visit our office to renew your policy?		
7. Are you a Director of any Company insured with JIIC?		
8. To the best of your knowledge are you or any close relative connected in any way to JIIC or any other GraceKennedy company?		
9. Would you like JIIC to make any payment due to you via electronic transfer? <i>(If yes, please complete ACH FORM on overleaf)</i>		

Source of Funds
Please state your source of funds that will be used to pay your premium (i.e. your earnings/income, e.g. wages, remittance, investments, etc.) _____

_____ / ____ / 20____
 Signature Date Checked By

** Condition: Any communication sent on any business day before 5:00 p.m. shall be regarded as received on such business day and if communication is sent after 5:00p.m. on any business day, it shall be treated as received on the next business day.*

For renewal drop box

Please complete this section if you will be using our 'Renewal Drop Box'

1. How will you be paying your renewal premium? (please select one)

- Cheque enclosed _____
- Credit card number _____
- Please call for credit card number _____

2. How would you like to have your renewal documents delivered? (Conditions apply)

- Call me to pick up
- Deliver to: _____

- Mail to: _____

3. Was a recent valuation done on the vehicle? Yes () No ()

If yes, please give the name and address of the valuator:

NB: DO NOT DROP CASH IN THE BOX

ACH Credit Authorisation Form

Business Name	
Contact Name	
Bank Name	Your insurance place from GraceKennedy
Bank Branch	
Account Number	
Account Type (i.e. Savings or Current)	
E-mail Address	

Name (Please print) _____

Signature _____

Date _____

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