



JAMAICA INTERNATIONAL INSURANCE COMPANY LIMITED

Your insurance place from **GraceKennedy**

19-21 Knutsford Boulevard, P.O. Box 514, Kingston 5, Jamaica, West Indies.

Toll Free: 1-888-GET-JIIC (438-5442), E-Mail: Info@jiiconline.com, Website: www.jiiconline.com

PUBLIC LIABILITY PROPOSAL FORM

THE PROPOSER

NAME:	
POSTAL ADDRESS:	
BUSINESS OR OCCUPATION:	
TRN:	E-Mail Address:
Telephone Nos. (1)	(2)
Cell: No.	Provider:
RISK LOCATION(S)	
#1	
#2	
(If more than 2 locations attach schedule of premises to which the insurance is to apply)	

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

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.

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

- How long have you carried on business:
 - At location #1 above? _____
 - Elsewhere? _____
- Previous Insurers (last 3 years) _____
- Has any Insurer:
 - Declined to insure you? _____
 - Required special terms to insure you? _____
 - Cancelled or refused to renew your insurance? _____

If any of the answers to question 3 is 'yes' please give details: _____
- Give details (including date and location) of Accidents, Claims or Losses, in the last 3 years

<u>Date of loss;</u>	<u>Location;</u>	<u>Details of Loss;</u>	<u>Payment made</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
- If you do not occupy the whole premises, state which part you occupy _____
 - If you have tenants or sub-tenants, give details _____
- Give particulars of any lifts, elevators, cranes or hoists used in your business _____
- Are your Premises, Machinery, Equipment Appliances and/or Plant:
 - In a good state of repair? _____
 - Regularly maintained? _____
- Do you handle or use: _____

a) explosives or chemicals? _____ b) radio isotopes, radioactive substances or the like? _____
if so, give details _____

9. What are your estimated total annual wages and salaries (including remuneration of working partners and directors)?

a) At your Premises _____
b) Work elsewhere _____

10. Is any work sub-contracted? If so,

a) What are your estimated total annual payments to sub-contractors? _____
b) Give details of work sub-contracted _____

11. What is your estimated annual turnover? (for **Hotels** refer to form PL/B) _____

12. Do you have any vehicles – **not** licenced for road use, vessels, craft or pedal cycles to be included in the insurance? (if so, give details) _____

13. *If a Manufacturers or a Contractors Form is not completed:-* State particulars of machinery used

14. *If a Contractors Form is not completed:-* Give particulars of work away from Premises _____

INDEMNITY REQUIRED: Any One Event \$ _____ Any One Period of Insurance \$ _____

EXTENSIONS: (if not on Supplementary form) Do you require coverage in respect of the following:

- i) Food & Drink (other than that consumed on the premises and incidental to the risk, or specific to the risk, e.g. Hotel or Restaurant). Limit of Indemnity: \$ _____
- ii) Car Park Liability. Limit of Indemnity: \$ _____
- iii) Collection and Delivery _____.
- iv) Legal liability for Customers, Goods. Limit of Liability \$ _____
- v) Employees' Trips abroad _____.
- vi) Lifts, Hoists & Elevators (to be specified) _____.

NB: SUPPLEMENTARY FORMS

If the Risk to be covered includes any set out below please complete the specific Supplementary Form(s).

- Agricultural Risks and/or Liability as Property Owners only Form PL/A
- Restaurants / Hotels / Clubs etc. Form PL/B
- Manufacturers / Warehouses Form PL/C
- Contractors Form PL/D
- Products Liability Form PL/E

PERIOD:

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 _____

The Policy is voidable if the proposer makes any false statement or withholds any material information

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 me and Jamaica International Insurance Company Ltd. whose policy terms and conditions I accept. I/We hereby authorize JIIC 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 JIIC pertaining to me, my authorized driver or the vehicle(s) declared in this Proposal Form or in the Policy document which together constitute the contract.

Date _____ Proposer's Signature _____

JAMAICA INTERNATIONAL INSURANCE COMPANY LIMITED

PUBLIC LIABILITY SUPPLEMENTARY FORM PL/A

I. PROPERTY OWNERS LIABILITY ONLY (for Risks not occupied by the proposer and excluding liability in respect of any profession or trade carried on in the Premises).

Applicable to:

OWNERSHIP OF PREMISES &/OR BUILDING(S), APARTMENT OR CONDOMINIUM COMPLEX(ES), OFFICE BUILDING(S), DWELLING HOUSES etc.

II. AGRICULTURAL RISKS

Applicable to ESTATES, FARMS, IDLE LAND etc.

Please answer questions under I or II whichever applicable.

I. PROPERTY OWNERS LIABILITY

1. Details of Building(s) – including height (number of floors), Approximate area of each building (in square feet) and number of units (e.g. apartments, if applicable).

2. Occupancy of building(s) (state all occupancies if more than one type)

3. Is building on a “Strata Plan” falling under the “Registered (Strata Titles) Act 1968”? _____

4. State approximate replacement cost value of the building(s)

5. Give details of Lifts, Elevators or Hoists at the Premises.

6. Give details of any fixed or hanging signs at the Premises.

7. Is there a car park or parking area? Give number of parking spaces

II. AGRICULTURAL RISKS

1). Describe type of Estate, Farm or other Agricultural risk.

2). State total acreage (cultivated or not). _____

3). Give details of Agricultural equipment (tractors and the like) used on the property

4). If the Risk is a Cattle farm or ranch, breeding establishment, or poultry farm advise as applicable: Re:-

a) Large cattle i) number of stud animals _____ ii) number of other animals _____

b) Smaller cattle – number of animals _____

c) poultry – approximate number of animals _____

5) is your premises intersected by a public thoroughfare? If so, give details.

Date _____ Proposer’s Signature _____

JAMAICA INTERNATIONAL INSURANCE COMPANY LIMITED

PUBLIC LIABILITY SUPPLEMENTARY FORM PL/B In respect of:
RESTAURANTS, BARS AND TAVERNS
HOTELS, MOTELS, INNS BOARDING OR GUEST HOUSES
CLUBS, LODGES, HALLS, RECREATIONAL ORGANISATIONS

BUSINESS OR OCCUPATION (Short description) _____

Please answer all relevant questions.

1) BUILDINGS: i) Do you own the building(s)? _____ ii) Number of storeys _____
iii) Construction of building(s) _____ No. of elevators, escalators _____
iv) What Fire protection? (extinguishers etc., smoke alarms) _____

2) i) Are Premises licenced for the sale of wines, spirits or beer? _____ ii) Is food served? _____

3) Number of persons attending visitors: a) Waiters or Waitresses: _____ b) Other attendants: _____

4) Restaurant and/or Bar: No. of Restaurants _____ accommodation (number of seats): _____
No. of Bars _____ area or seating capacity _____

5) a) Hotels, Motels etc. – sleeping accommodation: i) No. of bedrooms _____ ii) No. of beds _____

b) Clubs, lodges etc. – number of members _____

6) HOTELS – REVENUE:

a) Revenue From Guest Rooms _____

b) Revenue from sale of Food & Beverages _____

c) Revenue from other sources _____

7) HOTELS – Give brief details of leased retail stores (if any) on the premises _____

8) HOTELS – List and Describe any Concessionaires; State if they have insurance:

9) HOTELS / OTHER – List and describe subcontractors or operators providing services (including medical or security services)

10) HOTELS /OTHER – Is there a beach? _____, No. of swimming pools _____, Are there lifeguards? _____

11) Is there: a) a discothèque? state area _____ b) a concert hall or theater? No. of seats _____

c) automatic dispensing machines? State number _____

12) Describe any outdoor, sporting, beach or other facility, not otherwise already noted _____

13) Is there a car park or parking area? Number of parking spaces _____ Is a “Disclaimer Notice” displayed? _____

14) Is any form of catering done away from the Premises? _____ If so, give details _____

15) a) Are your premises subject to any specific legislation (e.g. Hotelkeeper’s Liability Law)? _____

b) Is any notice regarding liability to guests displayed? _____

EXTENSIONS

i) Liability for Food & Drink, Limit of Indemnity \$ _____

ii) Car Park Liability. Limit of Indemnity: \$ _____

iii) Guests Effects Limit any one article \$ _____, Limit any one occurrence \$ _____
(an excess may apply)

Date _____ Proposer's Signature _____

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JAMAICA INTERNATIONAL INSURANCE COMPANY LIMITED

PUBLIC LIABILITY SUPPLEMENTARY FORM PL/C

In respect of:

MANUFACTURERS, WAREHOUSES

BUSINESS OR OCCUPATION (Short description) _____

Please answer all relevant questions

1a) Give full description of items manufactured:

1b) Give description of what is stored in the warehouse(s):

2. Give particulars of Plant (including mobile plant) and Machinery used in Manufacturing or Warehousing. _____

3. Give brief description of the manufacturing process:

4. Give particulars of materials used in the manufacturing process _____

5. Do you handle, use or store:

a) Bulk Petrol or Oil Tanks _____ b) Natural or Coal Gas _____ c) Butane, Methane, Propane or similar Liquefied Petroleum Gases (other than L.P.G. Cylinders on a limited scale). _____

6. Give details of (any other) hazardous used or stored _____

7. How are waste products disposed of? _____

8. What access does the public have to your premises? _____

Date _____ Proposer's Signature _____

JAMAICA INTERNATIONAL INSURANCE COMPANY LIMITED

PUBLIC LIABILITY SUPPLEMENTARY FORM PL/D

In respect of:

CONTRACTORS

BUSINESS OR OCCUPATION (What 'type' of Contractor e.g. Building Contractor, Electrical Contractor etc.)

1. Give full details of work undertaken: _____

2. OUTSIDE CONTRACTS (work away from your premises)

As may be relevant state description of all premises or SITES for which insurance is to apply.

SITUATION OF PREMISES / SITE OF CONTRACTS	NUMBER OF EMPLOYEES AT EACH LOCATION	DESCRIPTION OF CONTRACT WORK

3. If subcontractors are employed, give details _____

4. Give particulars of materials, including chemicals, used _____

5. Describe exposure of any Third Parties, property within a radius of less than 100 metres from any known contract site _____

6. If work is to be undertaken over roads, railways, rivers or canals, what is the amount of traffic and what precautions will be taken to prevent accidents? _____

7. If the work involves any danger of slipping or collapse, please provide details _____

8. To your knowledge are there any special risks of injury to persons or damage to property belonging to Third Parties? _____

9. To your knowledge are there any other special factors affecting the Public Liability risk? _____

10. Advise whether any work undertaken involves, other than incidentally, anything in connection with: Marine risks, airlines, aircraft or the operation of airports, railways, construction or maintenance of tunnels, bridges, sub-aqueous work, dams or coffer dams, underground mining, quarrying where explosives are used, gas or air under pressure in containers, liquid or gaseous fuels, fireworks, ammunition, or explosives or sports meetings involving motorized vehicles.

Date _____

Proposer's Signature _____

JAMAICA INTERNATIONAL INSURANCE COMPANY LIMITED

PUBLIC LIABILITY SUPPLEMENTARY FORM PL/E

In respect of:

PRODUCTS LIABILITY (GOODS SUPPLIED)

BUSINESS OR OCCUPATION (Short description):

1. State what goods you supply or manufacture:

2. Advise whether goods you supply or manufacture include:-

- i) Pharmaceutical products, including medicines, drugs or cosmetics;
 - ii) Chemicals / petrochemicals of an explosive, toxic or noxious nature;
 - iii) Fertilizers, pesticides, insecticides, herbicides or fungicides;
 - iv) Fodder, feeds, or veterinary products;
 - v) Explosives, fireworks, gases under pressure, or volatile petroleum products other than gasoline or kerosene;
 - vi) Aircraft and/or aviation components;
 - vii) Anything in regard to shipbuilders and repairers and manufacturers of machinery and/or components with marine applications;
 - viii) Anything in regard to manufacturers of gasoline stoves, heaters or lamps;
 - ix) Anything in regard to automobile manufacturers and/or assemblers or automobile component manufacturers;
 - x) anything in relation to units of stored blood.
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-

3. In respect of items 2i) – 2ix) above for goods supplied, state whether your business is a retail operation only:

4. Do you export goods? If so:-

- i) Do you export to the U.S.A. or Canada? _____
 - ii) Do you export to other territories? – advise which territories:
-

iii) State the Gross Annual Cash Turnover in connection with goods *exported*:

5. State the Gross Annual Cash Turnover in connection with goods supplied or manufactured:

6. Do you import goods for resale? If so state:-

a) The Gross Annual cash turnover in connection with such goods:

b) The territories from which such goods are imported:

7. Do you supply goods from any premises other than those stated on the Public Liability (General Information) proposal form? If so state premises:

8. Amount of Indemnity required – Any One Event: \$ _____

Any One Period of insurance \$ _____

Date _____ Proposer's Signature _____

