



JAMAICA INTERNATIONAL INSURANCE COMPANY LIMITED

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

Toll Free: 1-888-GET-JIIC (438-5442) | Fax: 876-968-1920 | Email: info@jiiconline.com | Website: www.jiiconline.com

PROPERTY 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:

Property Policy	Yes	No
1. Do you think the current value for which the property is insured is adequate to replace it?		
2. Has there been any damage or improvement to the property that will affect the replacement value?		
3. Would you like to insure the contents of your property?		
4. Is the property currently occupied?		
5. Would you like to be able to pay your premium online?		
6. Is it okay with you if we share your information with Bill Express in order to facilitate online payments?		
7. Would you like to receive information about your policy and other JIIC offerings via email? <i>(Conditions apply)</i>		
8. Would you like to receive reminders about your policy renewal / JIIC special client notices via text messages?		
9. Are you aware that you do not need to visit our office to renew your policy?		
10. Do you know that we offer Magna reward points for every transaction?		
11. Are you a Director of any Company insured with JIIC?		
12. To the best of your knowledge are you or any close relative connected in any way to JIIC or any other GraceKennedy company?		
13. Would you like JIIC to make any payment due to you via electronic transfer? <i>(If yes, please complete ACH FORM on overleaf)</i>		

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 <input type="checkbox"/> Text message <input type="checkbox"/>		
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.) _____

Signature _____ Date ____/____/20____ 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 for insurance purpose or otherwise? 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 _____

Disclaimer: The information contained in this document is intended solely for the use of the entity receiving it. It may contain confidential or privileged information that will be stored in a secure location. If you are not authorised to use the information given, you are hereby notified that any disclosure, copying, distribution or taking any action in reliance on the contents of this information is strictly prohibited and may be unlawful. JIIC is not liable for the improper use of the information contained in this document.