



GK GENERAL INSURANCE COMPANY LIMITED

New Kingston Knutsford Boulevard | Liguanea 124 Hope Road | Mandeville Midway Mall | Montego Bay Fairview Shopping Ctr. | Portmore Portmore Town Ctr.
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INDIVIDUAL MOTOR PROPOSAL FORM

SECTION 1: PERSONAL INFORMATION

PROPOSER 1

1. Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:		
2. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
3. Name:		4. Alias:
5. Mother's Maiden Name:	6. TRN:	7. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
8. Date of Birth: DD / MM / YYYY	9. Place of Birth:	10. Nationality:
11. EU Citizen/Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Contact Number:	13. Email Address:
14. Home Address:		
15. Postal Address (if different from above):		

PROPOSER 2

1. Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:		
2. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
3. Name:		4. Alias:
5. Mother's Maiden Name:	6. TRN:	7. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
8. Date of Birth: DD / MM / YYYY	9. Place of Birth:	10. Nationality:
11. EU Citizen/Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Contact Number:	13. Email Address:
14. Home Address:		
15. Postal Address (if different from above):		

SECTION 2: EMPLOYMENT INFORMATION

PROPOSER 1

1. Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed		
2. Occupation:	3. Name of Employer:	
4. Address of Employer:		

PROPOSER 2

1. Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed		
2. Occupation:		
4. Address of Employer:		

SECTION 3: CONTACT PERSON INFORMATION (Other than the Insured)

1. Name:	2. Contact Number:
3. Home Address:	

SECTION 4: DRIVER DETAILS

DRIVER #1 (MAIN DRIVER)		DRIVER #2	
1. Name:		8. Name:	
2. Relation to Proposer:		9. Relation to Proposer:	
3. Occupation:		10. Occupation:	
4. Date of Birth: DD / MM / YYYY	5. Years Driving:	11. Date of Birth: DD / MM / YYYY	12. Years Driving:
6. Driver's Lic. #:	7. Licence Type:	13. Driver's Lic. #:	14. Licence Type:

SECTION 5: GENERAL DRIVER 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 or over the age of 75?		
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? 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? 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?

If **YES**, give details below

NAME	DATE	OFFENCE
	DD / MM / YYYY	
	DD / MM / YYYY	

SECTION 6: CLAIMS HISTORY

YES NO

1. Have you had any accidents or losses within the past 36 months involving vehicles owned by you, whether or not you were the driver at the time of the incident?

2. Have you had any accidents or losses within the past 36 months involving vehicles not owned by you, but driven by you or in your custody and care at the time of the incident?

3. Have any of the other persons who will regularly drive the vehicle had any accidents or losses within the past 36 months involving vehicles owned and/or driven by them or in their custody and care at the time of the incident?

If **YES** to either **1, 2 or 3** above, give details below:

NB: If more space is required, give the details on a separate sheet and attach it to this document

NAME OF DRIVER	YEAR	DETAILS (including COST)
	YYYY	
	YYYY	
	YYYY	

SECTION 7: VEHICLE DETAILS (for up to TWO VEHICLES)

1. Year of Manufacture:	I.	I.
2. Make:	II.	II.
3. Model:	III.	III.
4. Chassis No.:	IV.	IV.
5. CC Rating:	V.	V.

SECTION 8: VEHICLE OWNERSHIP INFORMATION

YES NO

1. Is the vehicle registered in your name?

If **NO**, give details below:

Name: _____ **Address:** _____

2. Is there a Finance Company (Mortgagee)?

If **YES**, give details below:

Name: _____ **Address:** _____

3. Does anyone other than you have a financial interest in the vehicle?

If **YES**, give details below:

Name: _____ **Address:** _____

SECTION 9: GENERAL VEHICLE INFORMATION

YES NO

1A. Will the vehicle be used for Social and Domestic and Pleasure only (including traveling to and from work)?

B. Will the vehicle be used in connection with a business?

C. Will the vehicle be used by you in connection with your employer's business?

D. Will the vehicle be used by you in connection with the carriage of goods?

E. Will the vehicle be used by you in connection with the carriage of good for reward/payment?

F. Will the vehicle be used by you in connection with the carriage of passengers for reward/payment?

2. Will the vehicle be used for hire or reward or in connection with a motor trade?

3. Will the vehicle be used in connection with motor racing, trails and rallies?

4. Do you accept that the policy will only provide cover for the permitted use of the motor vehicle specified above?

5. Is the vehicle roadworthy and in good condition?

6. Has the vehicle been modified from the manufacturer's specifications?

If **YES**, give details _____

7. Does the vehicle have a super charged or turbo charged or other high performance engine?

8. Where is the motor vehicle usually parked? _____

9. Are there any anti-theft devices on the vehicle such as a kill switch or alarm?

If **YES**, give details _____

10. Will you have complete custody and control of the motor vehicle?

If **NO**, give details _____

11. Is the key electronically coded?

SECTION 10: POLICY DETAILS

1. Period of Insurance: From: DD / MM / YYYY To: DD / MM / YYYY

2. Cover Required: Comprehensive Third Party Fire & Theft Third Party Only

SECTION 11: ADDITIONAL COVERAGE			
<i>Indicate if you require any of the following optional covers at an additional premium.</i>			
<input type="checkbox"/> 1. Increased Third Party Limits	<input type="checkbox"/> 2. Increased Personal Accident Limits	<input type="checkbox"/> 3. Increased Windscreen Limits	
<input type="checkbox"/> 4. Replacement Vehicle Hire	<input type="checkbox"/> 5. Protected No Claim Discount	<input type="checkbox"/> 6. Towing Cover (Boat, Trailer, etc.)	
<input type="checkbox"/> 7. Uninsured Motorist Coverage	<input type="checkbox"/> 8. Passenger Liability/Negligence	<input type="checkbox"/> 9. Other _____	
SPECIFIED TRAILER	10. Chassis No:	11. Estimated Value:	
	12. Make:	13. Type:	
UNSPECIFIED TRAILER	14. Max No. of Trailers in use at any one time:	15. Estimated Value:	
SECTION 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 First Global Bank (FGB)?			
4. Are you a member of Jamaica Automobile Association (JAA) or the Insurance Institute of Jamaica (IIJ)?			
5. Are you earning a No Claim Discount?			
<i>NB: If YES, proof must be provided (e.g. No Claim Discount Letter / Claims Experience Letter)</i>			
SECTION 13: REFERENCE DETAILS			
<i>(Please note the Referee listed should not be a family member and cannot be the same as the Contact Person listed above)</i>			
REFEREE #1		REFEREE #2	
1. Name:		4. Name:	
2. Address:		5. Address:	
3. Contact No.:		6. Contact No.:	
SECTION 14: 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?			
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?			
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?			
If YES, give details _____			
SECTION 15: PERMISSION FOR 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.			
SECTION 16: UNDERSTANDING			
I/We am/are aware and agree that:			
A. The Cover will exclude:			
a. Private Vehicle: Drivers under the age of 21 or over the age of 75 and/or drivers holding a valid Driver's Licence for less than 24 months unless otherwise agreed.			
b. Private Commercial Vehicle: Drivers under the age of 23 or over the age of 75 and/or drivers holding a valid Driver's Licence for less than 24 months unless otherwise agreed.			
c. Public Commercial Vehicle: Drivers under the age of 23 or over the age of 65 and/or drivers holding a valid Driver's Licence for less than 36 months.			
B. The Policy will not operate in respect of claims arising while the vehicle is being driven or is in charge for the purpose of being driven by any person other than the driver(s) specified, unless otherwise agreed and an additional premium has been paid for Open Driving and all the other terms as stated herein above have been complied with as agreed (including any applicable Excess).			
C. The Policy is voidable if false statements are given or information withheld for the purpose of obtaining Insurance Cover, reducing Premium or any other reason.			
D. In the event of a claim arising under the Policy, all outstanding Premium due thereunder shall become immediately payable to GK Insurance by me/us.			
E. Should the vehicle be subject to an accident, GK Insurance reserves the right to settle Cash-in-Lieu as a result of the unavailability of motor vehicle parts.			
F. At the time of a loss, the Claim Settlement will be based on the Current Market Value or the Sum Insured, whichever is less, and that the Policy Excess must be paid by the Insured(s) where applicable.			
G. This policy is subject to a salvage condition clause and the retention of the salvage by GKI is in its absolute discretion. In the event of an accident, I/we am/are not entitled to abandon the Salvage of the vehicle(s) insured. This applies regardless of the method of settlement of my/our claim and whether or not GK Insurance has possession of the vehicle.			
SECTION 17: DECLARATION			
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 policy 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.

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.

PROPOSER #1's SIGNATURE:	DATE: DD / MM / YYYY
PROPOSER #2's SIGNATURE:	DATE: DD / MM / YYYY
REVIEWER'S SIGNATURE:	DATE: DD / MM / YYYY