



GK GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON Knutsford Boulevard
 LIGUANA Sovereign Ctr.
 DOWNTOWN Duke Street
 MANDEVILLE Midway Mall
 MONTEGO BAY Fairview Shopping Ctr.
 PORTMORE Portmore Town Ctr.
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MOTOR VEHICLE POLICY RENEWAL FORM

It is important that we update your information to ensure that we are providing your best insurance solution. This form gives you an opportunity to share any changes in your risk profile and for us to provide you with the best insurance coverage based on your needs.

PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS

Insured: _____ 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: _____

Please tick the appropriate response:

Motor policy (NB: Questions 1-5 not applicable to TP policy holders)	Yes	No
1. Do you know what the term Excess means?		
2. Do you know the Excess on your policy?		
3. Do you understand how the Excess on your policy is applied?		
4. Do you know that you can increase your excess and pay less premium?		
5. Are you aware of the Un-named Driver Excess?		
6. Do you know about our Replacement Vehicle Hire benefit?		
7. Do you understand the policy on Suspending Cover whilst your vehicle is not being driven? (Conditions apply)		
8. Do you have a tracking device on your vehicle?		
9. Have you modified or done any special markings on your vehicle?		
10. Is your motor vehicle usually parked in a private, locked garage overnight?		
a) If your answer to question 10 was NO , please choose from the following:		
<input type="checkbox"/> Carport	<input type="checkbox"/> Public road/street	<input type="checkbox"/> Open
<input type="checkbox"/> Other (please give details): _____		
11. Would you like to increase the Limits of Liability on your policy?		
12. Have you sold or in the process of selling your vehicle?		

Drivers Information	Yes	No
1. Was your policy issued for Named Driver(s) only?		
a) If your answer to question 1 was NO , would you like your policy issued for Named Driver(s) Only?		
2. Is anyone within the following age categories driving or is likely to drive your vehicle:		
(i) Under the age of 21 years (Individual Motor Vehicle Insurance)		
(ii) Under the age of 23 years (Company Motor Vehicle Insurance)		
(iii) Over the age of 70		
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 (3 years)?		
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?		
a) If your answer to question 5 was YES , please give details: _____		

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:						

Use of vehicle	Yes	No
1. Is the vehicle used for social, domestic (including traveling to and from work) and pleasure only?		
2. Is the vehicle used solely by you in connection with your business?		
3. Do you use the vehicle in your employer's business?		
4. Do employees of your business use the vehicle?		
5. Is the vehicle used for hire or reward or in connection with a motor trade?		
6. Is the vehicle used in connection with motor racing, trails and/or rallies?		
7. Is the vehicle used for commercial travel (i.e. to carry goods for sale)?		
a) If your answer to question 7 was YES , please state the type of goods that will be carried: _____		
8. Do you accept that the policy will only provide cover based on responses provided on this form?		
9. Has your occupation or business changed?		
a) If YES , please provide details _____		

Additional Details	Yes	No
1. Are you aware that you do not need to visit our office to renew your policy?		
2. Would you like to send instructions via email or receive communication by email or text message?		
a) If your answer to question 2 was YES , please tick preferred method: <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT MESSAGE		
3. Would you like to be able to pay your premium online?		
4. Do you know that we offer GraceKennedy Value Rewards (GKVR) for every sales transaction?		
5. Do you agree to having GK General share any personal and financial information provided 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.?		
6. Are you a Director of any Company insured with GK General?		
a) If your answer to question 6 was YES , please give details: _____		
7. Are you or any close relative connected in any way to GK General or any other GraceKennedy company?		
a) If your answer to question 7 was YES , please give details: _____		
8. Are you, any immediate relative or close associate entrusted with a prominent public position such as that of a Senior Politician, Senior Government Official or Executive of a political party?		
a) If your answer to question 8 was YES , please give details: _____		

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

_____/_____/20_____
Date

Checked By