



New Kingston
Knutsford Boulevard

Liguanea
Lane Plaza

Portmore
Portmore Town Ctr.

May Pen
Midland Court

Mandeville
Midway Mall

Santa Cruz
36 Coke Drive

Junction
Tony Rowe Plaza

Montego Bay
Fairview Shopping Ctr.

Toll Free: 1-888-429-5GKI (1-888-429-5454)

Fax: 876-968-1920

gkinfo@gkco.com

www.gk-insurance.com

POLICY ENDORSEMENT FORM

Policy No:

Insured's Name :

SECTION A: ADDITION OF HOME OWNERS OR CONTENT RISK		
Building: Location _____	Sum Insured _____	
Location _____	Sum Insured _____	
Contents: Description _____	Serial No. _____	Sum Insured _____
Description _____	Serial No. _____	Sum Insured _____
SECTION B: DELETION OF RISK		
Motor: Chassis Number _____	Sum Insured _____	
Chassis Number _____	Sum Insured _____	
Building: Location _____	Sum Insured _____	
Location _____	Sum Insured _____	
Contents: Description _____	Serial No. _____	Sum Insured _____
Description _____	Serial No. _____	Sum Insured _____
SECTION C: SUBSTITUTION OF MOTOR RISK		
Make _____	Model _____	Registration Number _____
Colour _____	CC Rating _____	Sum Insured _____
Engine Number _____	Chassis Number _____	
SECTION D: POLICY <input type="checkbox"/> CANCELLATION <input type="checkbox"/> SUSPENSION		
Reason: <input type="checkbox"/> Total Loss <input type="checkbox"/> Vehicle Sold <input type="checkbox"/> Policy Reissued <input type="checkbox"/> Insured Migrating <input type="checkbox"/> Switching to another Insurer		
<input type="checkbox"/> Switching to another Product <input type="checkbox"/> Unsatisfactory Customer Service <input type="checkbox"/> Unsatisfactory Claims Service		
<input type="checkbox"/> Reducing Cover from Comprehensive to Third Party <input type="checkbox"/> Upgrading Cover from Third Party to Comprehensive		
<input type="checkbox"/> Other _____		
Effective Date _____		
SECTION E: NO CLAIM DISCOUNT		
<input type="checkbox"/> Addition Discount Percentage _____ <i>(NCD Proof, Claims Experience or Renewal Notice required)</i>		
<input type="checkbox"/> Deletion Discount Percentage _____		
<input type="checkbox"/> Transfer to Policy # _____ covering vehicle with chassis # _____ Discount Percentage _____		
SECTION F: REFUND REQUEST		
REASON FOR REFUND: _____		
CURRENCY: <input type="checkbox"/> \$JA <input type="checkbox"/> \$US		
PAYMENT DETAILS: <input type="checkbox"/> CHEQUE <input type="checkbox"/> TRANSFER TO POLICY # _____ <input type="checkbox"/> ELECTRONIC TRANSFER		
Electronic Transfer Information		
BANK: _____	BRANCH: _____	BRANCH CODE: _____
ACCOUNT NUMBER: _____	ACCOUNT TYPE: <input type="checkbox"/> SAVING <input type="checkbox"/> CHEQUING	
SECTION G: CHANGE OF TYPE OF COVER/PRODUCT		
Current: _____	Desired: _____	
SECTION H: OTHER INSTRUCTIONS		
_____ _____ _____		



New Kingston
Knutsford Boulevard

Liguanea
Lane Plaza

Portmore
Portmore Town Ctr.

May Pen
Midland Court

Mandeville
Midway Mall

Santa Cruz
36 Coke Drive

Junction
Tony Rowe Plaza

Montego Bay
Fairview Shopping Ctr.



Toll Free: 1-888-429-5GKI (1-888-429-5454)



Fax: 876-968-1920



gkginfo@gkco.com



www.gk-insurance.com

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

I/We declare and warrant that the answers and particulars given on the completed proposal form which governs the risks updated as per this endorsement form are true and I/we have not suppressed or misstated any material fact related to the risk being proposed to insurance. I/We hereby authorise GK General 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 GKG pertaining to me, my authorized driver or the vehicle(s) declared in this document which together constitute the contract. I/We further declare that in making a change to my policy, I have made this decision with the full knowledge that there may be changes to my excess, policy limits, policy benefits and/or other policy components. These changes have been explained to me and I accept full responsibility for the changes made.

Insured's Signature _____ (1) _____
(2)

Date _____ (1) _____
(2)

CSR Signature _____ **Date** _____