



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.
 Toll Free: 1-888-429-5GKG (429-5454) | Fax: 876-968-1920 | Email: gkinfo@gkco.com | Website: www.gkgeneral.com

PROPERTY 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:

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?		

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 Reward (GKVR) points 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