

COMPANY MOTOR VEHICLE PROPOSAL FORM

ALL QUESTIONS MUST BE ANSWERED
KINDLY COMPLETE IN BLOCK CAPITALS

1. PROPOSER

1. Registered Name of Company/Partnership/Association: _____
2. Trading as (T/A), if different from above: _____
3. Nature and Description of the Principal line of business: _____
4. Registered Company Address: _____
5. Address for Principal Place of Business (if different from the above): _____
6. Address or Location of business operations (if more than one location): _____
7. Date of Incorporation/Registration: _____ 8. Company TRN: _____
9. Type of Business: Sole Proprietorship Partnership Corporation Charitable Organization
10. Name of Company Contact/Agent: _____ Contact's ID# & Type: _____
Contact's Telephone Number: _____ Contact's Email Address: _____
11. Name & Address of the Ultimate Beneficial Owner: _____
12. Does anyone, other than the person stated above have a financial interest in the vehicle? Yes No

If YES, Please state:

Name: _____ Contact Information: _____ Nature of the financial interest: _____

13. Authorized Signatories/All Directors: (ID Required)

Name: _____ Position: _____

Home Address: _____

Name: _____ Position: _____

Home Address: _____

(if additional space is required, please attach sheet with information to this form)

14. Shareholders with a 10% or more Shareholding:

Name: _____ Home Address: _____ Percentage: _____

Name: _____ Home Address: _____ Percentage: _____

(if additional space is required, please attach sheet with information to this form)

2. POLITICALLY EXPOSED PERSON (PEP) DETAILS

1. Do any of the named Directors, Shareholders or their immediate associate, currently hold or have previously held a prominent public office, and would be considered a Politically Exposed Person (PEP)? (For example: Senior Politician, Government Official or Executive of a state-owned company) Yes No

If yes, give details:

3. GENERAL INFORMATION

1. Would you like to send instructions to GK Insurance via email? Yes No

2. Would you like to receive communication electronically? Yes No

3. To the best of your knowledge, are any of the Company's Directors or any close relative of a Director, connected in any way to GK Insurance or any other member of the GraceKennedy Group? Yes No

a) If YES, give details: _____

4. DRIVER DETAILS (PLEASE NOTE ALL THE PERSONS WHO ARE MOST LIKELY TO DRIVE)

| Name | Relationship to Proposer | Date of Birth | Years Driving | Driver's Licence No. | Licence Type | Main Driver |
|-------|--------------------------|---------------|---------------|----------------------|--------------|-------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

5. GENERAL DRIVERS' INFORMATION

1. Will driving be restricted solely to the driver(s) named above? Yes No

2. Will anyone to your knowledge be using the vehicle to learn to drive? Yes No

3. Will anyone who is likely to drive be under the age of 21? Yes No

4. Will anyone who is likely to drive hold a full driver's license that is less than 24 months? Yes No

5. Will anyone who is likely to drive not driven for any consecutive period of 6 months or more during the past 24 months? Yes No

a) If YES, give details: _____

5. GENERAL DRIVERS' INFORMATION (CONTINUED)

6. Will anyone who is likely to drive suffer from defective vision, defective hearing, a heart condition, epilepsy, diabetes, hypertension or any physical or mental disability or infirmity? Yes No

a) 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 motor offence, had their license endorsed/revoked or been prosecuted for a motoring offence? Yes No

If YES, give details below

| NAME | DATE | OFFENCE |
|-------|-------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. CLAIMS HISTORY

1. Have there been any accidents or losses within the past 36 months involving vehicles owned by your company? Yes No

2. Have there been any accidents or losses within the past 36 months involving vehicles not owned by you, but driven by your main driver at the time of the incident? Yes No

3. Have any of the 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? Yes No

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

(if additional space is required, please attach sheet with information to this form)

| NAME | DATE | DETAILS |
|-------|-------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

7. PERIOD OF INSURANCE

From: _____ To: _____

8. COVER REQUIRED

Comprehensive Third Party Fire & Theft Third Party Only

9. SOURCE OF FUNDS

1. To acquire asset: earnings income remittances investments gift financing

2. To Pay Premium: earnings income remittances investments financing

 **10. VEHICLE DETAILS (IF MORE THAN 2, ATTACHED SCHEDULE)**

| | 1) | 2) |
|----------------------------|-------|-------|
| Year of manufacture | _____ | _____ |
| Make & Model | _____ | _____ |
| Chassis No. | _____ | _____ |
| c/c | _____ | _____ |
| Reg. No. | _____ | _____ |
| Sum Insured / Market Value | _____ | _____ |

 **11. GENERAL VEHICLE INFORMATION**

1. Will the vehicle be used for Social and Domestic and Pleasure only (including traveling to and from work)? Yes No
2. Will the vehicle be used for anything other than traveling to and from work? Yes No
3. Will the vehicle be used in connection with the carriage of goods? Yes No
4. Will the vehicle be used in connection with the carriage of goods for reward/payment? Yes No
5. Will the vehicle be used in connection with the carriage of passengers for reward/payment? Yes No
6. Will the vehicle be used for hire or reward or in connection with a motor trade? Yes No
7. Will the vehicle be used in connection with motor racing trials and rallies? Yes No
8. Do you accept that the policy will only provide cover for the permitted use of the motor vehicle specified above? Yes No
9. Is the vehicle roadworthy and in good condition? Yes No
10. Has the vehicle been modified from the manufacturer's specification? Yes No
 - a) If YES, give details: _____
11. Does the vehicle have a super charged or turbo charged or other high-performance engine? Yes No
12. Where is the motor vehicle usually parked? _____
13. Are there any anti-theft devices on the vehicle such as a kill switch or alarm? Yes No
 - a) If YES, give details: _____
14. Will you have complete custody and control of the motor vehicle? Yes No
 - a) If NO, please state who will: _____
15. Is the key electronically coded? Yes No

12. VEHICLE OWNERSHIP INFORMATION

1. Is the vehicle registered in the company's name? Yes No

a) If NO, give name and address of the registered owner

Name: _____

Address: _____

2. Is there a Finance Company (Mortgagee)? Yes No

a) If YES, please details: _____

13. ADDITIONAL COVERAGE

Indicate if you require any of the following optional covers by ticking the appropriate box to obtain additional premium.

1. Increased Third Party Limits

2. Personal Accident Limits (Named Driver)

3. Increased Windscreen Limits

4. Towing Costs (Road, Trailer, etc.)

5. Passenger Liability/Negligence

6. Other

SPECIFIED TRAILER

7. Chassis No: _____ 8. Estimated Value: _____

9. Make: _____ 10. Type: _____

UNSPECIFIED TRAILER

11. Max No. of Trailers in use at any one time: _____ 12. Estimated Value: _____

14. DISCOUNTS

1. Does the Company have any other Non-motor Insurance Policy with GK Insurance? Yes No

2. Does the Company have other vehicles insured with GK Insurance? Yes No

3. Are you a member of Jamaica Automobile Association (JAA) or the Insurance Institute of Jamaica (IIJ)? Yes No

4. Are you earning a No Claim Discount? If YES, proof required i.e. Renewal Notice, Certificate & No Claim Discount Letter Yes No

15. PERMISSION FOR CUSTOMER INFORMATION SHARING

I/We consent to the sharing of my/our personal information (if required to process motor vehicle Insurance) with the current and future subsidiaries and affiliates of GraceKennedy Ltd. for the purposes of marketing other products and services offered by said subsidiary/ies and affiliates of GraceKennedy Ltd. Yes No

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.

DATA PROTECTION

This is an important notice which outlines how we will collect and process your personal data relating to your claim. You should read it before submitting any personal data to us.

To read our full Privacy Notice, visit <https://gk-insurance.com/privacy-policy> or you can request a copy from us.

If you have any further queries about how we use your personal data, please feel free to contact us.

I/We _____ acknowledge and confirm that:

1. I/We have read and understood the Privacy Notice provided to me/us and that I/We are duly authorized to sign this form on behalf of the Insured.
2. I/We consent to GKGI collecting and processing my/our personal data herein to fulfil its contractual obligations under the insurance policy, claim management and comply with legal and regulatory requirements.
3. Sensitive personal data particularly in relation to your medical information, claim history and/or criminal history will be collected herein and I/we acknowledge that the said sensitive personal data collected will be subject to further processing in connection with our insurance claim.
4. To verify the answers provided by me/us in this proposal form, GKGI will be sharing and/or seeking information from third parties including but not limited to other insurers, claim service providers, finance companies, databases and/or other regulatory or law enforcement bodies.
5. I/We will be conducting business with GKGI electronically which includes but is not limited to receiving updates, sending and receiving all documents, communications, notices and all other correspondence electronically.

MARKETING

We would like to send to you, from time to time, information about our other insurance products and services, exclusive offers, promotions, discounts and new products or services. We may also share your personal data with the core subsidiaries with the GraceKennedy Financial Group or GraceKennedy Limited (referred to herein as GraceKennedy Group) and/or its subsidiaries and any other entity that may become part of the GraceKennedy Group.

Please tick the box(es) below to confirm:

- I/We consent to the sharing of relevant personal data with other companies in the GraceKennedy Financial Group or parent company GraceKennedy Limited (referred to herein as GraceKennedy Group) and/or their subsidiaries and any other entity/ies that may become part of the GraceKennedy Group.
- I/We consent to GKGI or other companies within the GraceKennedy Financial Group and GraceKennedy Group contacting me/us directly regarding any special offers, discounts, new and existing product offerings and bundles that may be of interest to me/us.

I would like to receive that information by (tick all that apply):

- Email
 Text Message
 Phone
 Post

I/We also understand that I/we may withdraw my/our consent in writing at any time and if I/we choose to withdraw my/our consent, my/our benefits with GKGI would not be affected.

- I / We declare that the information given in this form is true and correct to the best of my / our knowledge/belief.
- I / We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

Insured's Signature:

_____ Date (mm/dd/yyyy): _____

Insured's Signature:

_____ Date (mm/dd/yyyy): _____

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 understand that the Proposal Form (or any/all other documents completed by GK Insurance and signed by me or us) are in a road worthy condition, and will be so maintained during the currency of this policy.

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 because I/we give authorization for all driver(s) of 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 as relates to my/our driving history from the Police, the Island Traffic Authority and any other such entities.

Date: _____ Proposer's Signature: _____ Agent/Broker: _____

(Please affix Company Stamp)

This policy 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.