



COMPANY MOTOR VEHICLE PROPOSAL FORM

ALL QUESTIONS MUST BE ANSWERED

KINDLY COMPLETE IN BLOCK CAPITALS

1. PROPOSER

Registered Name of Company/Partnership/Association: _____

Trading as (T/A), if different from above: _____

Nature and Description of the Principal line of business _____

Registered Company Address: _____

Address for Principal Place of Business (if different from the above) _____

Address or Location of business operations (if more than one location): _____

Date of Incorporation/Registration: ____/____/____ Company TRN: _____
 (dd) (mm) (yyyy)

Type of Business: Sole Proprietorship Partnership Corporation Charitable Organization

Name of Company Contact/Agent _____ Contact's ID# & Type: _____

Contact's Telephone Number: _____ Contact's Email Address: _____

Name & Address of the Ultimate Beneficial Owner: _____

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 _____

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)

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	Yes	No
Do any of the named Directors, Shareholders or their immediate relative or close 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 political party)		
If yes, give details _____		

3. 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. 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?		
a) If YES, give details _____		

4. DRIVER DETAILS (Please note all the persons who are most likely to drive)							
Name	Relationship to Proposer	Occupation	Date of Birth	Years Driving	Driver's Licence No.	Licence Type	Main Driver

5. GENERAL DRIVERS' INFORMATION		Yes	No
1. Will driving be restricted solely to the driver(s) named above?			
2. Will anyone to your knowledge be using the vehicle to learn to drive?			
3. Will anyone who is likely to drive be under the age of 21?			
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?			
a) If YES , give details _____			
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?			
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 licence endorsed/ revoked or been prosecuted for a motoring offence? If YES , give details below			
NAME	DATE	OFFENCE	

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

7. PERIOD OF INSURANCE From _____ To _____

8. COVER REQUIRED a) Comprehensive b) Third Party Fire & Theft c) Third Party Only

9. SOURCE OF FUNDS
To acquire asset: earnings/ income/ remittances/ investments/ gift/ financing
To Pay Premium: earnings/ income/ remittances /investments/ financing

10. VEHICLE DETAILS (if more than 2, attached schedule)		
Year of manufacture	1)	2)
Make & Model	1)	2)
Chassis No.	1)	2)
c.c.	1)	2)
Reg. No.	1)	2)
Sum Insured / Market Value	1)	2)

11. GENERAL VEHICLE INFORMATION		Yes	No
1.A Will the vehicle be used for Social and Domestic and Pleasure only (including traveling to and from work)?			
B. Will the vehicle be used for anything other than travel to and from work?			
C. Will the vehicle be used in connection with the carriage of goods?			
D. Will the vehicle be used in connection with the carriage of good for reward/payment?			
E. Will the vehicle be used 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, trials 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? a) 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? a) If YES , give details _____		
10. Will you have complete custody and control of the motor vehicle? a) If NO , please state who will _____		
11. Is the key electronically coded?		

12. VEHICLE OWNERSHIP INFORMATION		Yes	No
1. Is the vehicle registered in the company's name?			
a) If NO , give name and address of the registered owner Name _____ Address _____			
2. Is there a Finance Company (Mortgagee)?			
a) If YES , please details _____			

SECTION 13: 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. Personal Accident Limits (Named Driver).	<input type="checkbox"/> 3. Increased Windscreen Limits
<input type="checkbox"/> 4. Towing Cover (Boat, Trailer, etc.)	<input type="checkbox"/> 5. Passenger Liability/Negligence	<input type="checkbox"/> 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:

SECTION 14: DISCOUNTS		YES	NO
1. Does the Company have any other Non-motor Insurance Policy with GK Insurance?			
2. Does the Company have other vehicles insured with GK Insurance?			
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)</i>			

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.

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.