



**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: gkginfo@gkco.com | Website: www.gkgeneral.com

**HOME OWNERS COVER PROPOSAL FORM**  
*ALL QUESTIONS MUST BE ANSWERED*

**YOUR DUTY OF DISCLOSURE**

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Law to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

**FAILURE TO DISCLOSE**

We may be entitled to reduce our liability under the contract in respect of a Claim or may cancel the Policy. If your non-disclosure is fraudulent, we may also have the option of voiding the Policy from its beginning. It is therefore vital that you make sufficient enquiries **BEFORE** you complete the proposal form and **BEFORE** you sign any declaration for the information given.

**KINDLY COMPLETE IN BLOCK CAPITALS**

**1. PROPOSER**

Name in full \_\_\_\_\_  
(Mr., Ms., Miss, Mrs.)

Postal Address \_\_\_\_\_

Home Address (if different than above) \_\_\_\_\_

Postal Code (if any) \_\_\_\_\_ TRN \_\_\_\_\_

Date & Place of Birth (City, Parish) \_\_\_\_\_

Nationality \_\_\_\_\_ E-mail address \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

**2. CONTACT PERSON**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

<b>3. GENERAL INFORMATION</b>	<b>Yes</b>	<b>No</b>
1. Would you like to send instructions to GK GENERAL via email?		
2. Would you like to receive communication electronically?		
a) If YES, what is your preferred method of communication <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT MESSAGE		
3. Are you a Director of any Company insured with GK GENERAL?		
a) If YES, give details _____		
4. To the best of your knowledge, are you or any close relative connected in any way to GK GENERAL or any other member of the GraceKennedy Group?		
a) If YES, give details _____		
5. Are you or an immediate relative or any close associate entrusted with a prominent public position such as a Senior Politician, Senior Government Official or Executive of a political party?		
a) If YES, give details _____		

**4. EMPLOYMENT**

Occupation/Trade/Profession \_\_\_\_\_

Employer's Business \_\_\_\_\_

Business/Employer's Name and Address \_\_\_\_\_

Address at which Employed (if different) \_\_\_\_\_

Employer's Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

If Self-employed, state nature of your self employment \_\_\_\_\_

**5. RISK ADDRESS** \_\_\_\_\_

**6. CONSTRUCTION:** WALLS \_\_\_\_\_ ROOF \_\_\_\_\_

**7. MORTGAGEE:** \_\_\_\_\_

**8. PERIOD OF INSURANCE FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**9. RISK DETAILS**

- Our Standard Home Owners Cover Policy covers you for ‘Full Perils’. Indicate if you wish to reduce your coverage, for a reduction in premium, as below:-
  - Non-Cat” Policy: Does not cover Earthquake or Hurricane related Risks.
  - Split Perils Policy i): Does not cover Earthquake, fire arising from earthquake or other related perils.
  - Split Perils Policy ii): Does not cover Storm or Hurricane related perils nor flood following these perils.
- Do you require an ‘Agreed Value’ policy on your buildings? Conditions apply, an approved valuation and insurance to full replacement value as new will be required. \_\_\_\_\_
- State the nature of your residence
  - i.  Private Dwelling
  - ii.  Self-contained flat entrance exclusively under control
  - iii.  Rooms not self-contained
  - iv.  Other (please specify) \_\_\_\_\_
- Is the building to be insured part of a Strata Complex? \_\_\_\_\_ If so, state your insurance requirements.  
Please see your customer representative for further details or if you have queries on any of the above.

**SECTION 1 – BUILDINGS**

To include dwelling house, garages, walls, gates, fences, outbuildings, paved areas, wall-to-wall carpets, landlord’s fixtures and fittings, awnings and Jacuzzis. To take advantage of our replacement value cover you should insure for full replacement value.

ITEM	SUM INSURED
BUILDINGS	\$ _____
SWIMMING POOL	\$ _____
RETAINING &/OR SEA WALL (S)	\$ _____
OTHER (Please specify)	\$ _____
<b>TOTAL SECTION 1</b>	<b>\$ _____</b>

**SECTION 2 – CONTENTS**

The household goods and personal belongings of the proposer or any family member or domestic servant permanently residing at the dwelling shown above.

Note 1: No article or set of jewellery, gold, silver, precious metals, watches, photographic equipment, guns, binoculars, works of art, antiques, furs and the like (hereinafter referred to as VALUABLES) will be deemed to be of greater value than \$10,000 unless specifically noted in the policy.

Note 2: Individual items of Audio and Video equipment, televisions, computers and accessories, internal components of satellite receiving system, C.B. short wave and two-way radio systems (hereinafter referred to as ELECTRONIC EQUIPMENT) of greater value than \$15,000 must be listed separately and are not included in the general contents.

Note 3: Unless specified we will not pay more than 35% of Sum Insured on contents in respect of Valuables and Electronics.

Please give particulars of the following: (If the space provided is insufficient, please attach a separate sheet.)

- a) Valuables in excess of \$10,000.00 each \_\_\_\_\_

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- b) Individual items of Electronic Equipment (make, model #, serial #, value) valued in excess of \$15,000.00 \_\_\_\_\_

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Note 4: If your current values are within the above limits but you acquire additional articles at any time during the currency of the policy, please notify us immediately so that we can update your policy.

**Please state the Total Sum Insured on:**

	SUM INSURED
GENERAL CONTENTS	\$ _____
SPECIFIED ITEMS	\$ _____
<b>TOTAL SECTION 2</b>	<b>\$ _____</b>

**SECTION 3 – ALL RISKS**

List all items of jewelry and valuables with descriptions and their sums insured, and attach to this proposal.

*N.B. A valuation or receipt is required for all items exceeding \$5,000*

<b>TOTAL SECTION 3</b>	<b>SUM INSURED</b> \$ _____
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**SECTION 3A – SATELLITE DISH**

Please state the sum insured on the external components of your satellite dish system and give brief details (size, make etc.)

*N.B. The internal components should have been listed under Section 2*

	<b>SUM INSURED</b> \$ _____
<b>TOTAL SECTION 3A</b>	<b>\$ _____</b>

**TOTAL ALL SECTIONS \$ \_\_\_\_\_**

<b>10. GENERAL RISK INFORMATION</b>		<b>Yes</b>	<b>No</b>
1. Is there any profession or trade carried on in the dwelling or in any portion of the premises of which the dwelling forms part?			
a) If YES, give details _____			
2. Are the buildings in a good state of repairs and will they be so maintained?			
3. Are the buildings low lying and /or subject to flooding from any sea, river, waterway or reservoir?			
a) If YES, state distance from and height above normal water level _____			
4. Will the dwelling regularly be left unoccupied?			
a) If YES, give details _____			
5. Are you at present insured for any of the risks now proposed?			
a) If YES, give details _____			
6. Is your residence let out as apartments (or any part thereof)?			
7. Are paying guests accommodated?			
a) If YES, how many? _____			
8. Is the entire residence rented out as a rental cottage or villa (or any part thereof)?			
a) If YES, give details _____			
9. Have any of your requests for insurance ever been declined or has any insurer required special terms or additional precautions to be taken?			
a) If YES, give details _____			

**11. CLAIMS HISTORY**

What losses have you sustained in recent years? State date of loss, amount, and cause thereof?

Loss Date	Loss Amount	Loss Cause

**12. CONTACT DETAILS OF TWO REFERENCES**

1. Name in full \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone Numbers: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

2. Name in full \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone Numbers: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

<b>CUSTOMER INFORMATION SHARING</b>	<b>Yes</b>	<b>No</b>
I/we agree that GK GENERAL may share any personal and financial information that I/we provide to GK GENERAL 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.		

**SOURCE OF FUNDS** (i.e. your earnings/income, e.g. wages, investments etc.) \_\_\_\_\_

**Average Clause: If at the time of a loss your property is deemed to be of greater value than the Sum Insured you are considered your own insurer for the amount not insured and shall bear a rateable proportion of each and every loss.**

**DECLARATION:** I declare that to my knowledge and belief the answers and particulars given in this proposal, whether by me or on my behalf are true and complete, that I have not withheld any material information. I agree that this proposal and declaration shall be the basis of the contract between GK General Insurance Company Ltd. and I, whose policy terms and conditions I accept.

**SIGNATURE OF PROPOSER** \_\_\_\_\_ **DATE:** \_\_\_\_\_

No insurance is in force until GK General Insurance Company has accepted the Proposal, and the Premium or a Deposit paid except as provided by an Official Covering Note issued by the Company.

Broker /Agent
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