



JN GENERAL INSURANCE COMPANY LIMITED

HEAD OFFICE: 9 KING STREET, P.O. BOX 395, KINGSTON, JAMAICA

Fax: 922-4045 Tel. #: 922-1460

PROPOSAL FOR INCLUSIVE POLICY

THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE

JNGI's **INCLUSIVE POLICY** is designed for smaller businesses. It is especially suitable for :

- retail shops*
- restaurants*
- service stations*
- guest houses and small hotels*
- offices*

and any risk where the sums insured against fire and perils and loss of profits are not likely to exceed \$40,000.00.

A single document provides cover against:—

- *fire and perils*
- loss of profits*
- burglary*
- *public liability*
- workmen's compensation*
- money*
- glass*

(At least three sections must be taken including those marked *).
Our terms are attractive — please ask us to quote.



JN GENERAL INSURANCE COMPANY LIMITED

HEAD OFFICE: 9 KING STREET, P.O. BOX 395, KINGSTON, JAMAICA

Fax: 922-4045 Tel. #: 922-1460

PROPOSAL FOR INCLUSIVE POLICY

THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE

Agency

Agency No.

Policy No.

NOTE— ITEMS IN BLUE ARE FOR OFFICE ONLY

Name of Proposer (in full)			
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>			
2. Date of Birth:	5. Marital Status:	3. Place of Birth:	4. Nationality:
7 Home Address:		6. TRN:	
9. Work/Business Address:		8. Mailing Address:	
11. Home Phone #:		12. Mobile #:	13. Work Phone #:
14. Type of ID:	15. ID #:	16. ID Expiry Date:	
17. Occupation/Type of Business: (Describe in full and be specific; avoid vague terms like "businessman", "Director")			
18. Name and Place of Employment:			
19. Do you have any other type of insurance with JNGI?	Yes	No	If Yes, give details:
20. Are you a Director of any company insured with JNGI?	Yes	No	If Yes, give details:
21. Have you or any relative or close associate been entrusted with prominent public function (e.g. Politician, Senior Government, Judicial or Security Force Officials) in any country?	Yes	No	If Yes, give details:
22. To the best of your knowledge are you or any close relative (spouse, children, parents or siblings) connected in any way (personal or business) to JNGI or any other member company within the Jamaica National Group?	Yes	No	If Yes, give details:

ADDITIONAL PROPOSER INFORMATION (IF PROPOSER IS AN ENTITY)

23. Name of Chief Executive Officer:		
24. Name of Contact Person/Authorised Signatory for the Entity:		
25. Contact's Relationship to insured:	26. Contact's Email Address:	27. TRN:
28. Type of ID:	29. ID Number:	30. ID Expiry Date:
31. Names and Address of Shareholder(s) with 10% or more shareholding:		
Name	Address	
1)		
2)		
3)		
32. Names and Addresses of Directors:		
Name	Address	
1)		
2)		
3)		

NB: Copy of Certificate of Incorporation for the Entity is required

33. Source of Funds (used for paying Insurance Premium):

REFEREES (Applicable to Individual Proposers)

Name:	Name:
Address:	Address:
Telephone:	Telephone:
Occupation:	Occupation:

PERIOD OF INSURANCE	From:—	_____	FIRST	RENEWAL
	To:—	_____	PREMIUM \$	PREMIUM \$

INSURANCE IS REQUIRED FOR (please tick those required)

- | | |
|--|------------------------------|
| A. Fire and Lightning..... | B. Burglary..... |
| Earthquake (Fire & Shock)..... | C. Loss of Profits..... |
| Full Flood..... | D. Glass..... |
| Explosion..... | E. Public Liability..... |
| Impact by Road Vehicles..... | F. Employer's Liability..... |
| Aircraft (or articles dropped therefrom).... | G. Money..... |
| Bursting and/or Overflowing of Water | |
| Tanks, Pipes Etc..... | |
| Riot, Strike and Malicious Damage..... | |



JN GENERAL INSURANCE COMPANY LIMITED

HEAD OFFICE: 9 KING STREET, P.O. BOX 395, KINGSTON, JAMAICA

Fax: 922-4045 Tel. #: 922-1460

PROPOSAL FOR INCLUSIVE POLICY

THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE

	PREMIUM		SUMMARY	
	FIRST		RENEWAL	
A.	\$		\$	
B.	\$		\$	
C.	\$		\$	
D.	\$		\$	
E.	\$		\$	
F.	\$		\$	
G.	\$		\$	
H.	\$		\$	

Please give details of any MORTGAGE interest.

Name _____

Address _____

PLEASE GIVE DEFINITE ANSWERS TO THE FOLLOWING QUESTIONS

1. Are you or have you ever been insured for any of the above risks? If so, give name of Insurers.	YES	NO
2. State if any accident or loss connected with the above risks has ever occurred and, if so, give details.	YES	NO
3. Has any insurer refused to give you or to renew for you an insurance, or required from you special terms? If so, give details.	YES	NO
4. Will any goods of an inflammable, radioactive or other hazardous nature be involved (e.g. oils, paints, thinners, kerosene, explosives etc.) If so, give details.	YES	NO
5. Do you keep books recording purchases and sales?	YES	NO

SCHEDULE FOR A (FIRE & Perils) and B (Burglary Insurance).

State the full value under each heading.

(i) BUILDINGS built of _____ roofed with _____

(If more than one building is to be covered give details overleaf).

(ii) STOCK (your own for which you are responsible).....

(iii) CUSTOMERS GOODS(for which you are responsible)

(iv) PLANT, MACHINERY, EQUIPMENT, FIXTURES AND FITTINGS including meters and telephones.....

(v) HOUSEHOLD and PERSONAL EFFECTS.....

(vi) OTHER PROPERTY(to be specified).....

NOTE:- COVER UNDER SECTION B is

(i) Subject to the Company's survey of the premises and to all recommendations for improvements being carried out.

(ii) Subject to Average- so full values must be declared

A		B	
Fire and Perils		Burglary	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	

FIRE AND PERILS RATE	L.T.A	YEARS	FIRST PREMIUM	RENEWAL PREMIUM	CLASSIFICATION
_____ %	_____ %	_____	\$ _____	\$ _____	
BURGLARY RATE	WARRANTIES/ENDORSEMENTS SHOWN SEPARATELY	FIRST PREMIUM	RENEWAL PREMIUM		
_____ %		\$ _____	\$ _____		

C. LOSS OF PROFITS { A separate form is needed for cover under this section. It is recommended that you seek the advice of an Accountant when deciding whether to take this cover and how much should be insured. }

D. GLASS (Insurance against accidental breakage). DESCRIBE BELOW PIECES OF GLASS TO BE INSURED AND POSITION

NUMBER	DESCRIPTION	POSITION	FULL VALUE \$
			\$
			\$
			\$
			\$
			\$
RATE	%	FIRST PREMIUM \$	RENEWAL PREMIUM \$
			TOTAL \$



JN GENERAL INSURANCE COMPANY LIMITED

HEAD OFFICE: 9 KING STREET, P.O. BOX 395, KINGSTON, JAMAICA

Fax: 922-4045 Tel. #: 922-1460

PROPOSAL FOR INCLUSIVE POLICY

THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE

F. PUBLIC LIABILITY

(a) Are you a freeholder, leaseholder or tenant?
 (b) Is any part of your premises sublet?
 (c) State number of employees and how much you expect to pay them in the next twelve months.
 (d) How much do you expect to pay subcontractors in the next twelve months?
 (e) Give full details if you wish to insure your liability in connection with:-
 (i) damage by Fire.....
 (ii) injury or damage by Explosion (describe fully any method for transport use or storage of explosives etc.)

 NOTE:- Boilers, economisers, piping and other vessels under steam pressure must be Insured by a special policy
 (iii) lifts, cranes, power hoisting machines, vehicles or machines on wheels or tracks, or other power or hand-operated machines
 (iv) injury or poisoning caused by food or drink
 (v) goods sold, supplied, repaired, renovated or let on hire
 (vi) hand carts, pedal cycles, animals, flood, fumes, water pollution or defective sanitary installation.
 (f) (i) State the amount of indemnity required
 (ii) State specifically the amount of indemnity required in respect of food and drink, and / or goods sold, supplied, repaired etc.

YES		NO	
YES		NO	
At your premises only		Both at and away from your premises.	
No.	Amount	No.	Amount
\$		\$	
\$			
(i)			
(ii)			
(iii)			
(iv)			
(v)			
(vi)			
Any one Accident		Any one Year	
(i)	\$	(i)	\$-Unlimited
(ii)	\$	(ii)	\$

FIRST PREMIUM \$	RENEWAL PREMIUM \$	MINIMUM PREMIUM \$	D OF A
TERRITORIAL LIMITS Jamaica	\$	\$	PREMIUM CALCULATION

G. EMPLOYERS LIABILITY (WORKMEN'S COMPENSATION).

A separate proposal must be completed for this section.

FIRST PREMIUM \$	RENEWAL PREMIUM \$	Full information is available regarding Employment Injury Benefits under the National Insurance Scheme.
-------------------------	---------------------------	---

OFFICE USE ONLY

Blank area for office use only.

H. MONEY (to cover cash, notes, cheques (uncrossed), postal and money orders and N.I.S. stamps).

1. Please state the maximum amount of money
 (a) on the premises, out of business hours, in a locked safe or strongroom \$ _____
 (b) on the premises, out of business hours, NOT in a locked safe or strongroom \$ _____
 (c) in the custody of any one collector and/or salesman (No. employed _____) \$ _____
 (d) in Transit at any one time \$ _____

N.B. The amounts shown above will be the limits of liability for each loss

2. What is the total amount of money carried during the year, whether to or from the Bank, or to sites, or otherwise \$ _____
 3. What precautions are taken away when money is being carried? _____

ENDORSEMENTS	CALCULATION	FIRST PREMIUM	RENEWAL PREMIUM
		\$	\$



JN GENERAL INSURANCE COMPANY LIMITED

HEAD OFFICE: 9 KING STREET, P.O. BOX 395, KINGSTON, JAMAICA

Fax: 922-4045 Tel. #: 922-1460

PROPOSAL FOR INCLUSIVE POLICY

THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which will influence the insurer's assessment of acceptance of this risk. If you are in any doubt as to whether a fact is material, you should disclose it.

I/We declare that the statements in the proposal form above and any other information provided in relation to this proposal are true and complete. I/We agree that this proposal and Declaration shall be the basis of the contract between me/us and the Company (and of any subsequent renewal if such is granted). I/We agree to be bound by the Company's standard policy for this type of risk subject to its terms, conditions, limitations and exceptions. I/We agree that no insurance will be in force until the Company has accepted this Proposal and communicated its acceptance to me/us.

I/We irrevocably acknowledge that before I/we entered into the proposed contract of insurance the Company had provided me/us with written notice of the *pro rata* condition of average and explained its effect to me/us and I/we fully understand its effect on the proposed policy.

I/We desire to effect with the Company insurance under the terms of the policy used for this class of insurance

I/We agree to my/our personal information being shared with JNGI's parent company and/or any of JNGI's fellow subsidiaries. I/We further agree that JNGI may record and store all information on my account in such form and means it deems fit including use of the services of its parent or fellow subsidiaries and affiliates or any electronic data processing service provider.

Date _____ Proposer's Signature _____ Capacity of Signatory _____

SURVEY NOTES

FLOOD

Four horizontal lines for notes under FLOOD.

PUBLIC LIABILITY

Four horizontal lines for notes under PUBLIC LIABILITY.

BURGLARY

Four horizontal lines for notes under BURGLARY.

ADDITIONAL INFORMATION

Eight horizontal lines for notes under ADDITIONAL INFORMATION.