



JN GENERAL INSURANCE COMPANY LIMITED

HEAD OFFICE: 9 KING STREET, P.O. BOX 395, KINGSTON, JAMAICA
Tel.#: 922-1460

PROPOSAL FOR "ALL RISK" INSURANCE

Jewellery, Gold and Silver Plate, Cups, Trophies, Furs, Binoculars, Cameras and Projectors.

THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE

THE POLICY COVERS loss of or damage to the property insured by an accident or misfortune (including fire, burglary, theft or any other accidental loss or damage) not specifically excluded.

THE TERRITORIAL LIMITS are normally:—

(1) Island of Jamaica

Excluded Territories

Albania, Bulgaria, Czechoslovakia, Eastern Germany, Hungary, Poland, Rumania, the U.S.S.R. and any Territory occupied by U.S.S.R. Forces.

but cover can be extended to other Countries in approved cases.

THE POLICY DOES NOT COVER

- (a) Loss or destruction of or damage to any property whatsoever or any loss or expense whatsoever resulting or arising therefrom or any consequential loss directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
- (b) Loss or damage caused by wear and tear (this does not apply to loss of or damage to any item resulting from wear and tear to a clasp, setting or other fastening, carrier or container), moth, vermin, or any gradually operating cause or any process of cleaning, repairing or restoring.
- (c) Loss or damage arising from delay, confiscation or detention by Customs House or other Officials or Authorities.
- (d) Any consequence of war, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
- (e) Any consequence of riot or civil commotion, earthquake or volcanic eruption outside Great Britain, Ireland, Northern Ireland, the Channel Islands or the Isle of Man.
- (f) Mechanical breakdown or derangement unless caused by accidental damage to the exterior of the Property.
- (g) Any loss or damage of cameras, projectors or other photographic apparatus
 - (i) which are used for business, professional or trade purposes,
 - (ii) attributable to the application of electrical energy or the breakage of electric bulbs or tubes used in conjunction with such apparatus.

RATES QUOTED ON APPLICATION



JN GENERAL INSURANCE COMPANY LIMITED

HEAD OFFICE: 9 KING STREET, P.O. BOX 395, KINGSTON, JAMAICA
Tel.#: 922-1460

PROPOSAL FOR "ALL RISK" INSURANCE

Jewellery, Gold and Silver Plate, Cups, Trophies, Furs, Binoculars, Cameras and Projectors.

THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE

PLEASE USE BLOCK LETTERS

Name of Proposer: (in full)

Mr. Mrs. Miss

2. Date of Birth:		3. Place of Birth:		4. Nationality:	
5. Marital Status:			6. TRN:		
7 Home Address:			8. Mailing Address:		
9. Work/Business Address:			10. Email 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 Addresses 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):

34. Is any article not your sole property or not used personally by you or your family residing with you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, give full particulars		

35. Is any of the property worn or carried by persons, other than the proposer, who are engaged in professional or business pursuits.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, give full particulars		



JN GENERAL INSURANCE COMPANY LIMITED

HEAD OFFICE: 9 KING STREET, P.O. BOX 395, KINGSTON, JAMAICA
Tel.#: 922-1460

PROPOSAL FOR "ALL RISK" INSURANCE

Jewellery, Gold and Silver Plate, Cups, Trophies, Furs, Binoculars, Cameras and Projectors.

THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE

36. (a) Is it your intention to visit any countries outside the Territorial Limits mentioned above? YES NO

If so, state countries _____

(b) Will visits to the Continent of Europe exceed six weeks in any one year? YES NO

If so, give full particulars _____

37. Does the proposer hold any other policies with the Company? Policies Nos. _____

38. Have you previously held "All Risks" insurance? YES NO

If so, state name of Insurer _____

39. Has any Insurer in connection with Fire, Burglary, Theft or "All Risks" insurance ever:—

(a) Declined your proposal or renewal? (a) YES NO

(b) Required an increased premium? (b) YES NO

(c) Cancelled your policy? (c) YES NO

(d) Stipulated special conditions?... (d) YES NO

40. Have you ever sustained any loss involving a claim under an "All Risks" Policy or which would have been insured under an All Risks Policy had one been in force? YES NO

If so, State:—

(i) Date of Loss _____

(ii) Amount _____

(iii) Brief details _____

41. Give a description and full value of each article to be insured.

THE PROPERTY

In the event of loss of or damage to any article forming a part of a pair or set the Company shall not be liable for more than the value of the particular part or parts which may have been lost or damaged without reference to any special value which such part or parts may have as forming a pair or set but in any event not exceeding a proportionate part of the sum insured in respect of the pair or set.

Description	Value	Description	Value



JN GENERAL INSURANCE COMPANY LIMITED

HEAD OFFICE: 9 KING STREET, P.O. BOX 395, KINGSTON, JAMAICA
Tel.#: 922-1460

PROPOSAL FOR "ALL RISK" INSURANCE

Jewellery, Gold and Silver Plate, Cups, Trophies, Furs, Binoculars, Cameras and Projectors.

THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE

42. Have you or any relative or close associate been entrusted with prominent public functions (e.g. politicians, senior government, judicial or security force officials) in any country?
If yes, give details

YES NO

43 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 JN Group?
If yes, give details

YES NO

REFEREES (Applicable to Individual Proposers)

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

DECLARATION OF THE PROPOSER

I/We wish to effect an Insurance with and apply to the Company, in terms of the Policy to be issued by the Company and the Company's Memorandum and Articles of Association. I/We hereby declare that the statements and particulars given by me/us in this proposal are true and complete and no material fact has been misrepresented, mis-stated, suppressed or withheld. I/We agree that this proposal shall form the basis of the Contract between me/us and the Company

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/our 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

Signature of Proposer
