



JN GENERAL INSURANCE COMPANY LIMITED

JNGI, 9 KING STREET, P.O. BOX 395, KINGSTON, JAMAICA

PROPOSAL FOR COMPUTER ALL RISKS INSURANCE

THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE

PLEASE ANSWER ALL QUESTIONS FULLY. TICKS OR DASHES ARE INSUFFICIENT

Name of Proposer (in full)		
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>		
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:			
	Yes	No	If Yes, give details:
19. Do you have any other type of insurance with JNGI?			
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):
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34. LOCATION AT WHICH COMPUTER EQUIPMENT IS SITUATED:

35. FLOOR OF BUILDING ON WHICH EQUIPMENT IS LOCATED:

36. QUESTIONS RELATING TO LOCATION:-

a) CONSTRUCTION:

WALLS	<input style="width: 500px;" type="text"/>
ROOF	<input style="width: 500px;" type="text"/>
FLOOR	<input style="width: 500px;" type="text"/>

b) IS LOCATION EXPOSED TO FLOOD? YES NO

IF YES, GIVE DETAILS:

c) IS CEILING OF COMPUTER LOCATION WATERPROOF? YES NO

d) WHAT OTHER ACTIVITIES TAKE PLACE IN THE BUILDING IN WHICH LOCATED

(Above)	(Below)	(Adjoining)
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e) IS LOCATION AIR- CONDITIONED? YES NO

f) IS EQUIPMENT SUBJECT TO ANY ABNORMAL RISKS OR DAMAGE? YES NO



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REFEREES (Applicable to Individual Proposers)

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

I/We understand that a suitable Maintenance Agreement on the Equipment must be kept in force during the period of cover and that suitable surge suppressor(s) or voltage regulator(s) shall at all times be fitted to the Computer and Electrical Equipment covered.

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.

DECLARATION OF THE PROPOSER

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/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: _____

Proposer's Signature _____

Capacity of Signatory _____