



AGENT'S
NAME

BRANCH AGENT

JN GENERAL INSURANCE COMPANY LIMITED

JNGI 9 KING STREET, P.O. BOX 395, KINGS TON, JAMAICA

E-MAIL: info@jngijamaica.com

Tel. #: 922- 1460

Proposal for Contractors' All Risks Insurance (including Public Liability)

THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE

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 by 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 Addresss 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):

How long established:



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1. Name and address of
Principal/Employer/Customer: _____

2. (a) Full description of Contract: _____

(b) Construction of Walls: _____

Roof: _____

(c) Situation of Contract: _____

(d) Contract Price: \$ _____

(e) Duration of Contract:

Active work period

From: _____

To: _____

Maintenance or defects liability period _____

P.S. Specifications and Plans should be supplied if available

3. Under what conditions of contract is the work
to be carried out?

**Note - The contract clauses (if not standard)
should be forwarded with this
proposal**

4. Is insurance of contractors' plant, tools and
equipment to be included? If so, state (a)
value, including value of any items hired or
loaned to Proposer for which he is responsible
and (b) details of mechanical plant.

(a) YES NO

\$ _____

(b) \$ _____

5. Is the insurance to include:-

(a) temporary buildings? YES NO

(a) State value \$ _____

(b) employees' personal effects? YES NO

(b) State value \$ _____

6. Give details of claims or losses over the past
three years. (loss or damage and employers
and public liability claims)

7. Has any Insurer:-

(a) declined your proposal?

(a) YES NO

(b) cancelled or refused to renew your Policy?

(b) YES NO

(c) require an increased premium or special
conditions?

(c) YES NO

8. **Public Liability** - Limit of indemnity required

for any one accident

\$ _____

9. Please specify any plant to be used, including lifts, hoists, cranes, bulldozers, back
hoses, frontend loaders etc. boilers or compressors, and any other mobile plant.

**N.B. This insurance does not cover liability under any compulsory
motor insurance legislation.**

10. Will explosives be used? YES NO

11. 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?

YES NO

If yes, give details

12 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



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REFEREES (Applicable to individual Proposers)

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

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

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 agree to keep proper Wages Records and to render at the end of each Period of Insurance a statement in the form required by the Company of all wages actually paid and to pay premium on any wages paid in excess of the amount estimated above. I/We have fairly estimated my/our total wages and other expenditure.

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 _____ Signature of Proposer _____ Capacity of Signatory _____

FOR OFFICE USE ONLY

	Section	Class	Rate %	Premium	Classification	Retention
CAR			%	\$		
PL			%	\$		

Supporting Documents Required

- 1. Certificate of Incorporation (or similar document appropriate business)
- 2. Memorandum and Articles of Association (Articles of Incorporation)
- 3. Most recent annual return filed with Registrar
- 4. Name(s) and address(es) of owner(s) with shareholdings of 10% or greater
- 5. Copies of ID documents for at least 2 directors/ partners