



**JN GENERAL INSURANCE COMPANY LIMITED**  
**9 King Street, Kingston**

**FIRE AND EXTRA PERILS PROPOSAL FORM**

**THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE**

**PROPOSER DETAILS (Please use block letters)**

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:	
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 Address of Shareholder(s) with 10% or more shareholding:		
<b>Name</b>	<b>Address</b>	
1)		
2)		
3)		
32. Names and Addresses of Directors:		
<b>Name</b>	<b>Address</b>	
1)		
2)		
3)		

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

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

34. PERIOD OF INSURANCE		From:	To:
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**DETAILS OF PREMISES**

35. Property Address:	Post Office/ Agency	Apt#	Street # and Name	Town/ District
	Parish			

36. Construction:	<b>WALLS</b>		<b>ROOF</b>	
	Block and Steel	<input type="checkbox"/>	Reinforced Concrete (either poured or precast)	<input type="checkbox"/>
	Precast Concrete	<input type="checkbox"/>	Cement, Spanish & Clay tile	<input type="checkbox"/>
	Spanish walls (stone + mortar)	<input type="checkbox"/>	Slates	<input type="checkbox"/>
	Nog	<input type="checkbox"/>	Zinc Sheet	<input type="checkbox"/>
	Brick	<input type="checkbox"/>	Alu- Steel	<input type="checkbox"/>
	Cut-stone	<input type="checkbox"/>	Corrugated asbestos	<input type="checkbox"/>
	Timber	<input type="checkbox"/>	Decra-bond, Mastic-tile	<input type="checkbox"/>
	Other (Specify)	<input type="checkbox"/>	Timber Shingles	<input type="checkbox"/>
			Timber sarking covered with felt and/or paroid	<input type="checkbox"/>
			Aluminium Sheets or shingles shingles	<input type="checkbox"/>
			Continuous aluminium (in any profile)	<input type="checkbox"/>
		Fiberglass shingles	<input type="checkbox"/>	
		Thatch	<input type="checkbox"/>	
		Other (Specify)	<input type="checkbox"/>	

37. What businesses are carried on in the Premises? (Give details of all)

(a) by the Proposer if different from above

(b) by other occupants  
Please state

**PROPERTY TO BE INSURED**

(Do you wish to insure on an Indemnity basis, (the standard Policy offers cover on an indemnity basis but for your FULL PROTECTION the FULL VALUE of the property must be insured), or on a replacement basis?	<b>Sum to be insured</b>
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38. Buildings including landlord's fixtures and fittings therein and thereon	\$
39. Stock and Materials in Trade, the property of the Proposer or held in trust or commission for which the Proposer is responsible. (Stock is insured at a cost price)	\$
40. Plant, Machinery and Equipment, trade furniture and fittings and office equipment	\$
41. Walls Gates and Fences	\$
42. Telephone Equipment, the property of the telephone company for which the proposer is responsible	\$
43. Rent ( State the number of months)	\$
44. Household goods, furniture, furnishings and personal effects	\$
45. Other (State details)	\$
<b>TOTAL:</b>	\$
46. If a policy is to be insured on a Declared Value basis, what is the inflation factor: 15%, 25% or other?	%
47. Are any of the sums insured for items 17, 18, or 20 to be floating over other locations or items?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**EXTRA DETAILS**

48. Are there any:

(a) Hazardous processes carried on

If so, give details:

(b) Hazardous goods used or stored on the premises as per the following list:  
 (Indicate all)

Acetylene (Liquid)	<input type="checkbox"/>	Barium Sulphide	<input type="checkbox"/>
Benzine	<input type="checkbox"/>	Benzoline	<input type="checkbox"/>
Bi- Sulphide of Carbon	<input type="checkbox"/>	Bitumen	<input type="checkbox"/>
Brimstone (Sulphur)	<input type="checkbox"/>	Calcium Carbide	<input type="checkbox"/>
Calcium Sulphide	<input type="checkbox"/>	Camphine	<input type="checkbox"/>
Camphor	<input type="checkbox"/>	Candles	<input type="checkbox"/>
Cartridges	<input type="checkbox"/>	Celluloid, Xylonite and other similar substances	<input type="checkbox"/>
Cellulose Paints	<input type="checkbox"/>	Charcoal (Powdered)	<input type="checkbox"/>
Chlorate of Potash	<input type="checkbox"/>	Chlorate of Soda	<input type="checkbox"/>
Chloride of Lime	<input type="checkbox"/>	Cinematograph Films	<input type="checkbox"/>
Coconut and other vegetable oils	<input type="checkbox"/>	Coir	<input type="checkbox"/>
Cori Yarn	<input type="checkbox"/>	Copper Sulphide	<input type="checkbox"/>
Copra, Copra Cake	<input type="checkbox"/>	Copra Meal	<input type="checkbox"/>
Cordite	<input type="checkbox"/>	Cotton, whether in fully pressed bales or otherwise	<input type="checkbox"/>
Explosives of any kind	<input type="checkbox"/>	Firecrackers	<input type="checkbox"/>
Fireworks	<input type="checkbox"/>	Fulminating Powder	<input type="checkbox"/>
Gasoline	<input type="checkbox"/>	Ghee	<input type="checkbox"/>
Grasses of all kinds	<input type="checkbox"/>	Gunny Bags (other than fully-pressed ironbound bales)	<input type="checkbox"/>
Gunpowder	<input type="checkbox"/>	Hay	<input type="checkbox"/>
Hemp	<input type="checkbox"/>	Hessians (other than fully-pressed bales)	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	Lampblack	<input type="checkbox"/>
Lime	<input type="checkbox"/>	Matches of any kind	<input type="checkbox"/>
Mungo	<input type="checkbox"/>	Naptha	<input type="checkbox"/>
Napthaline	<input type="checkbox"/>	Nitrate of Soda	<input type="checkbox"/>
Nitric Acid	<input type="checkbox"/>	Nitro-Glycerne	<input type="checkbox"/>
Oils paints and enamels	<input type="checkbox"/>	Oil (except lubricating oils) not giving off an inflammable vapor below 177 deg.. Cent (350 deg..Fahr.)	<input type="checkbox"/>
Paraffin	<input type="checkbox"/>	Percussion Caps	<input type="checkbox"/>
Petroleum and/or its liquid products (except lubricating oils not giving off an inflammable vapor below 177 deg.. Cent (350 deg..Fahr.)	<input type="checkbox"/>	Phosphorus	<input type="checkbox"/>
Picric Acid	<input type="checkbox"/>	Pitch	<input type="checkbox"/>
Potash	<input type="checkbox"/>	Potassium Sulphide	<input type="checkbox"/>
Rags	<input type="checkbox"/>	Resins	<input type="checkbox"/>
Rockets	<input type="checkbox"/>	Rock Oil	<input type="checkbox"/>
Saltpetre	<input type="checkbox"/>	Shoddy	<input type="checkbox"/>
Sisal	<input type="checkbox"/>	Spirits of my kind not in bottles	<input type="checkbox"/>
Stearine	<input type="checkbox"/>	Straw	<input type="checkbox"/>
Sulphur Dyes or Colours(excluding those packed in air-tight metal vessel, labelled with a certificate by the manufacturers that, the dyes (or colours) contain at least 10% of inertinorganic salts)	<input type="checkbox"/>	Varnishes	<input type="checkbox"/>
Tallow (manufactured or unmanufactured)	<input type="checkbox"/>	Waste of any kind	<input type="checkbox"/>
Turpentine	<input type="checkbox"/>		
Vegetable Fibres of any kind	<input type="checkbox"/>		
Sulphuric Acid	<input type="checkbox"/>		
Tar and/or Tarred Ropes and/or Tarred Canvas	<input type="checkbox"/>		

c) Processes involving heat carried on?

If so, give details



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49. Are there any Adjoining premises?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
a) If so, what are they used for and how are they constructed		
Are they separated by	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b) Open space of 12m or 40 feet	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c) Perfect Party Wall	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d) Brick, stone or concrete (reinforced or otherwise) Walls	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e) A wall minimum 21 cm thick	YES <input type="checkbox"/>	NO <input type="checkbox"/>
f) Wall without openings	YES <input type="checkbox"/>	NO <input type="checkbox"/>
g) A wall extending a minimum of 37 cm above roof	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**50. INSURANCE HISTORY**

a) Have you previously been insured for Fire and Allied Perils?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, state where?		
b) Is any property included in this proposal at present insured elsewhere?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, state Insurer risk(s) covered and sum insured.		
c) Has any insurer refused to insure you or required special conditions or precautions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, give details		
d) Have you ever sustained any loss or damage by any of the perils you now wish to insure against?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, give details		
e) Have any of the premises to be insured sustained any loss or damage by any of the perils you now wish to ensure against?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, give details		
51. Is the property to be insured mortgaged?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, give name and address of mortgagee		
52. Is any of the property to be insured:		
i) Not in a good state of repair?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ii) Not to be maintained in a good state	YES <input type="checkbox"/>	NO <input type="checkbox"/>
iii) Situated in a low lying area or subject to flooding from any sea, river, gully, gutter, waterway or reservoir?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, state the distance therefrom and height above normal water level		
iv) Situated within 30 metres of the sea?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
v) Kept in a basement or below ground level?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, give details		
vi) Particularly exposed to loss or damage by hurricane, earthquake or any other peril to be insured under this policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
vii) Unoccupied for more than 30 days	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**PERILS TO BE INSURED AGAINST** (Please indicate those perils required)  
 All perils are subject to the terms, conditions and limitations and excesses of the Company's Policy and Extra Perils Extension Clauses attached thereto

a) Fire or lightning	<input type="checkbox"/>
b) Hurricane, Cyclone, Tornado or Windstorm Including Rain Accompanying These Perils and Flood (Including Overflow Of the Sea) Caused By These Perils	<input type="checkbox"/>
c) Earthquake and Volcanic Eruption and Flood (Including Overflow Of the Sea) Caused By These Perils	<input type="checkbox"/>
d) Flood	<input type="checkbox"/>
e) Riot and Strike Damage	<input type="checkbox"/>
f) Malicious Damage	<input type="checkbox"/>
g) Explosion	<input type="checkbox"/>
h) Aircraft and Other Aerial Devices Or Articles Dropped There From	<input type="checkbox"/>
i) Impact with the Building(s) By Any Road Vehicle, Horses or Cattle Not Belonging To or Under The Control or Custody of the Insured	<input type="checkbox"/>
j) Bursting or Overflowing of Water Tanks, Apparatus or Pipes	<input type="checkbox"/>

53. Is the building likely to be left unoccupied for more than 30 days at a time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**REFEREES (Applicable to Individual Proposers)**

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



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**DECLARATION**

***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 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.

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

Date \_\_\_\_\_ Signature of Proposer \_\_\_\_\_ Capacity of Signatory \_\_\_\_\_

- Supporting Documents for Corporate Clients
1. Certificate of Incorporation (or similar document appropriate for a business)
  2. Memorandum and Articles of Association (or 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 directors/ partners