



JN GENERAL INSURANCE COMPANY LIMITED

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

KINGSTON, JAMAICA

MACHINERY BREAKDOWN PROPOSAL FORM

THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE

(Proposal Schedules to be attached)

Policy No. _____	Branch	<input style="width:95%;" type="text"/>
	Agent	<input style="width:95%;" type="text"/>
Proposer's Name: <input style="width:95%;" type="text"/>		
Date of Birth	<input style="width:95%;" type="text"/>	
Place of Birth	<input style="width:95%;" type="text"/>	
Nationality	<input style="width:95%;" type="text"/>	
Gender	<input style="width:95%;" type="text"/>	
Marital Status	<input style="width:95%;" type="text"/>	
TRN	<input style="width:95%;" type="text"/>	
Home Address	<input style="width:95%;" type="text"/>	
Mailing Address	<input style="width:95%;" type="text"/>	
Work/Business Address	<input style="width:95%;" type="text"/>	
Email Address	<input style="width:95%;" type="text"/>	
Home Phone	<input style="width:95%;" type="text"/>	
Mobile #	<input style="width:95%;" type="text"/>	
Work Phone #	<input style="width:95%;" type="text"/>	
Fax Number	<input style="width:95%;" type="text"/>	
Type of ID	<input style="width:95%;" type="text"/>	
ID #	<input style="width:95%;" type="text"/>	
ID Expiry Date	<input style="width:95%;" type="text"/>	
Occupation	<input style="width:95%;" type="text"/>	
Business (Describe Fully)	<input style="width:95%;" type="text"/>	
Name and Place of Employment	<input style="width:95%;" type="text"/>	
Source of Funds	<input style="width:95%;" type="text"/>	

ADDITIONAL PROPOSER INFORMATION (IF PROPOSER IS AN ENTITY)

Name of Chief Executive Officer: <input style="width:95%;" type="text"/>		
Name of Contact Person/Authorised Signatory for the Entity: <input style="width:95%;" type="text"/>		
Contact's Relationship to Insured:	Contact's Email Address:	TRN:
Type of ID:	ID Number:	ID Expiry Date:

Names and Addresses of Shareholder(s) with 10% or more shareholding:

Name	Address
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Names and Address of Directors:

Name	Address
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

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

<p>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</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>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</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO



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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.

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 _____ Signature _____ Capacity of Signatory _____

DESCRIPTION OF POLICY COVER

The Company's Machinery Breakdown Policy is applicable to all types of Engineering Plant and Machinery whether Mechanical or Electrical - driving or driven, and including Boilers, Pressure Vessels or Containers and Lifting Appliances. The Policy is designed to indemnify the Insured against loss or damage encountered in the working of Plant and Machinery which in spite of the care and maintenance expended by the User may well involve the User in heavy costs for repair or replacement consequent upon an insured accident.