



JN GENERAL INSURANCE COMPANY LIMITED

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

Telephone: (876)922-1460 Toll Free: 1-888-225-5636

GLASS INSURANCE PROPOSAL FORM

THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE

PLEASE USE BLOCK LETTERS

1	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:		
	19. Do you have any other type of insurance with JNGI?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, give details:
	20. Are you a Director of any company insured with JNGI?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	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)		
	31. Names and Addresses of Directors:		
	Name	Address	
	1)		
	2)		
	3)		
	NB: Copy of Certificate of Incorporation for the Entity is required		
	32. Source of Funds (used for paying Insurance Premium):		
33	(a) Address of Premises in which glass is situated _____		
	(b) By whom the premises are occupied _____		
	(c) Business carried on therein _____		
	Are the premises at the corner of a street or in a dangerous or exposed position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Is any of the glass secured by clips or in any manner other than normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
34	Has the glass been previously insured? If so, give name of Insurer	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
35	Has any Insurer at any time _____		



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- (a) Declined your proposal or renewal? Yes No _____
- (b) Required an increased premium? Yes No _____
- (c) Cancelled your Policy Yes No _____
- (d) Stipulated special conditions Yes No _____
- 36 Are there any fractured, cracked or damaged pieces of glass? If so, please give details and rough sketch Yes No _____
- 37 Please give record of glass breakages or damage during the last three years Yes No _____

Year	Number	Date	Cause	Cost
20				
20				
20				

- 38 Do you wish to be covered for:-
- (a) Damage to stock or goods in the window by breakage of the insured glass?, if so, state:-
 - (i) Maximum value of all goods in window at any time _____
 - (ii) Frontage in feet? _____
 - (iii) Full details of any such damage caused at any time in the past _____
 - (b) Damage to your shop front (other than glass) caused by impact of any vehicle or animal? If so state:-
 - (i) Details of construction _____
 - (ii) Value of shop front _____
 - (iii) Whether any vehicle or animal has ever run into your window _____
 - (c) Cost of removal and replacement of fixtures and fittings arising from breakage of the insured glass? If so state:-
 Amount of Indemnity required \$ _____

REFEREES (Applicable to Individual Proposers)

Name:	Name:
Address:	Address:
Telephone #:	Telephone #:
occupation:	occupation:

and Articles of Association. I/we hereby declare that 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 _____

Proposer's Signature _____



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PARTICULARS OF GLASS TO BE INSURED

Number of Pieces	Give full description of all Glass, e.g. whether Plate or Sheet, also if Plain, Silvered Embossed, Bent, Stained, Lettered or Ornamented , or Special Glass , or Composition , or more than 1/4 inch thick	State position of the Glass to be insured, whether in Shop Front, Return, Door, Fanlight, Mirror inside, Show or Counter Case, Shelf, Window Enclosure, etc. also if Moveable, Fixed, or Horizontal	Size of each piece in inches		Superficial feet each piece	Value of Painting, Lettering, Ornamental or Special Glass	Replacement value of glass
			Height	Width			

NOTE:- All Glass to be deemed Plain Plate of ordinary glazing quality unless otherwise specified.

EXCEPTIONS

This policy does not cover

- (a) breakage of or damage to frames or framework of any description
- (b) the cost of removal or replacement of any fittings or fixtures
- (c) breakage of glass in conservatories greenhouses or outbuildings
- (d) breakage or damage happening while the Premises are occupied for any purpose other than the Business or while the premises are un-tenanted
- (e) breakage of glass which is broken or damaged at the commencement of this insurance
- (f) any consequence of fire explosion lighting Subterranean fire earthquake war invasion act of foreign enemy hostilities(whether war be declared or not) civil war rebellion, revolution, insurrection or military or usurped power
- (g) any consequential loss
- (h) 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