



**HOMEOWNERS & HOUSEHOLD CONTENTS  
INSURANCE PROPOSAL FORM**

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

PLEASE ANSWER ALL QUESTIONS FULLY; WHERE QUESTIONS DO NOT APPLY, PLEASE INSERT "N/A".

**PROPOSER INFORMATION (Photo Identification and Proof of Address required)**

1. First Name:		2. Middle Name:		3. Surname:		
4. Date of Birth:		5. Place of Birth:		6. Nationality:		
7. Gender:			TRN:			
8. Home Address:			9. Mailing Address:			
10. Work/Business Address:			11. Email Address:			
12. Home Phone #:		13. Mobile #:		14. Work Phone#:		
15. Type of Identification:		16. Identification Number:		17. Expiry Date of Identification:		
18. Occupation/Type of Business: <i>(Describe in full and be specific; avoid vague terms like "Businessman", "Director")</i>						
19. Name and Place of Employment:						
20. Do you have any other type of insurance with JNGI?				Yes	No	If Yes, give details:
21. Are you a Director of any company insured with JNGI?				Yes	No	If Yes, give details:
22. 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:
23. 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:
24. Period of Insurance:		From:		To:		
25. Source of Funds (used for paying the Insurance Premium):						

**ADDITIONAL PROPOSER INFORMATION (IF PROPOSER IS AN ENTITY)**

26. Name of Chief Executive Officer:					
27. Name of Contact Person/Authorized Signatory for the Entity:					
28. Contact's Relationship to Insured:		29. Contact's Email Address:		30. TRN:	
31. Type of ID:		32. ID Number:		33. ID Expiry Date:	
34. Names and Addresses of Shareholder(s) with 10% or more shareholding:					
Name			Address		
1)					
2)					
3)					
35. Names and Addresses of Directors:					
Name			Address		
1)					
2)					
3)					
<b>NB: Copy of Certificate of Incorporation for the Entity is required</b>					



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**THE BUILDING AND OR CONTENTS TO BE INSURED**

<b>36.</b> Address of the Home	Apt #:	Street #:	Street Name:	Town/ District:	Post Office/Agency:	Parish:
<b>37.</b> In what year was the Building constructed?				<b>38.</b> # of Storeys:		<b>39.</b> Geo Code:
<b>41.</b> Is there a Mortgage on the Building?				Yes	No	<b>40.</b> Building Sq.Ft.:
						If Yes, give Name and Address of Mortgagee.
<b>42.</b> Will the Building be left unoccupied for any consecutive period of more than 60 days?				Yes	No	If Yes, give details:
<b>43.</b> Is/Are the building/s in good condition and will it/they be so maintained?				Yes	No	If No, give details:
<b>44.</b> Are any Business goods stored in the Building?				Yes	No	If Yes, give details:
<b>45.</b> Is the Building used for any business or profession of any kind?				Yes	No	If Yes, give details:
<b>46.</b> Has any loss or damage been sustained in the last 3 years on this property?				Yes	No	If Yes, give details:
<b>47.</b> Is this a Waterfront Property?				Yes	No	If Yes, state distance from the waterline:
<b>48.</b> Does the Building have any of the following security features? a) Burglar Alarm b) Burglar Bars c) Watchman d) Panic Buttons e) Dogs f) Security Guards (Name the Company) g) Gated Community h) Neighbourhood Watch i) Fire Extinguishers j) Smoke/Heat Detectors k) Hurricane Shutters l) Other (Please specify)				Yes	No	If Yes to any of these questions, give details where appropriate.
<b>49.</b> Is the Building? a) A Private Dwelling House b) A Townhouse c) A Self-contained Flat with separate entrance under your exclusive control or that of your immediate family d) An Apartment or Rooms to which occupants other than your immediate family have access				Yes	No	
<b>50.</b> Is the Building? a) Owner Occupied b) Occupied by Tenants c) Rented by you from someone else d) Rented out on a short term basis e.g. for 6 mths e) All or a part of a Strata Plan f) All or part of a building which exceeds 5 storeys				Yes	No	If Yes to c) to f), give details.
<b>51.</b> Is the Building exposed to any of the following hazard? a) Flooding b) Landslip c) Hurricane d) Earthquake e) Other				Yes	No	If Yes, give details



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<b>52.</b> Has any Insurer refused to insure you or imposed any special conditions	Yes	No	If Yes, give details
<b>53.</b> Has any Insurer refused to insure the Building or imposed any special conditions	Yes	No	If Yes, give details

**CONSTRUCTION**

<b>54.</b> What is the Building constructed of? a) Block and Steel b) Precast Concrete c) Spanish Walls (stone and mortar) d) Nog e) Brick f) Cut-stone g) Timber h) Other (Specify)	<b>Walls</b>	a) Reinforced Concrete (poured or precast) b) Cement, Spanish, Clay Tiles c) Slates d) Zinc Sheets e) Alu-Steel f) Corrugated Asbestos g) Decra-bond, Mastic Tiles h) Timber Shingles i) Timber Sarking covered with Felt and/or Paroid j) Aluminium Sheet or Shingles k) Continuous Aluminium (any profile) l) Fiberglass Shingles m) Thatch n) Other (Specify)	<b>Roof</b>

**SUMS TO BE INSURED**

<p><b>55. BUILDINGS AND STRUCTURES:</b></p> <p>a) Main Building b) Domestic Outbuilding c) Boundary Walls (excluding Retaining Walls) d) Retaining Walls/Sea Walls e) Gates, Fences, Hedges f) All Landlord Fixtures and Fittings g) Solar Water Heaters h) Solar Panels i) Air Conditioning Units j) Awnings k) Paved Areas l) Gazebos Radio and Television Aerials and Antennae (other than Satellite Dishes) m) Satellite Dishes n) Generators o) Swimming Pool (including Pool Deck, Pump House, related pipes and fixed pool accessories) p) Water Tanks q) Other (Describe)</p> <p><b>NB:</b></p> <ul style="list-style-type: none"> <li>- <b>The Building Sum Insured must be based on the cost of rebuilding or replacing and not the Market Value; JNGI recommends that you obtain a professional valuation to establish your Building Sum Insured</b></li> <li>- <b>Claims are settled on a Replacement Basis, provided the sums insured are adequate and the insured items are maintained in a good state, in keeping with the Terms and Conditions of the Policy</b></li> </ul>	<b>Sum Insured (\$)</b>
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<b>56. CONTENTS:</b>  a) GENERAL CONTENTS - All household goods, electronic equipment and personal belongings, owned by the Proposer or for which the Proposer is responsible while they are in the Building described above.  b) SPECIFIED CONTENTS – If any item(s) included in the Sum Insured under General Contents at 57. a) above, is/are individually of a value greater than 5% of the total Sum Insured on the said General Contents (items like Jewelry, Paintings, Sculptures, Cameras, Curios, and the like, Audio and Video Equipment, Televisions, Computers and Accessories, External and Internal Components of Satellite Receiving Systems, C.B. Short Wave and Two-way Radio Systems, and so on), please list them below; you may continue on a separate sheet of paper if necessary.  <b>NB: For items not specified below, the Limit is 5% of the Sum Insured on General Contents for any one item with a maximum Limit of 1/3<sup>rd</sup> of the Total Sum Insured on General Contents for all such items combined.</b>	<b>Sum Insured (\$)</b>
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Specified Contents to be Insured	Description/Serial #	Sum Insured (\$)

**57. ALL RISKS:** List below all individual items which you wish to insure against Accidental Loss or Damage, in addition to the standard perils covered under this policy. Please continue on a separate sheet of paper if necessary. Sums Insured on All Risks items must not be included in the Contents Sum Insured at 55. above. Please note that Valuations or Purchase Receipts will be needed for items valued over \$5,000.00.

Items to be Insured	Description/Serial #	Jamaican or Worldwide Cover	Sum Insured (\$)
<b>Portable Items:</b> (e.g. Jewelry, Eye Glasses & Contact Lenses; Sporting & Photographic Equipment; Portable Computers; Cellular Phones, and so on)			
<b>Fixed Items:</b> (e.g. Paintings & Works of Art; Cups & Trophies; Personal Computers & Peripheries; Satellite TV Equipment (internal & external); Television; VCR & DVD; Compact Disc, and so on )			

**58.** Does the Total Sum Insured for Goods under ‘Specified Contents’ and ‘All Risks’ combined, exceed 1/3<sup>rd</sup> of the Sun Insured on General Contents?



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**REFEREES (Applicable to Individual Proposers)**

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

**DECLARATION OF THE PROPOSER**

I/We warrant that:

- The above statements and particulars which I/We have read and checked are true
- I/We have not suppressed or misstated any fact
- The building (including its structures) and/contents referred to above is/are in good condition and repair and will be so maintained

I/We desire to effect insurance in accordance with the terms, conditions and exceptions of the Company’s standard policy. I/We agree that this Proposal shall form the basis of the Contract between me/us and the Company and shall be deemed as incorporated in the policy to be issued.

I/We further declare and agree that if the above statements and particulars have been filled in by a person other than the undersigned, such person shall be deemed to be my/our Agent for the purpose of filling in this Proposal Form.

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 parents or fellow subsidiaries and affiliates or any electronic data processing service provider.

Signature of Proposer: \_\_\_\_\_ Date: \_\_\_\_\_

**NB:**

- **If you are signing on behalf of a Company, state the capacity in which you are signing and affix the Company stamp.**
- **At the inception of the insurance, your Policy may not be immediately available and so you may request a Specimen of the Policy in addition to any Explanatory Notes.**
- **All outstanding premiums become payable in the event of an accident or any incident that may give rise to a claim being made against this insurance.**