



JN GENERAL INSURANCE COMPANY LIMITED

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

PROPOSAL FOR PLANT AND EQUIPMENT INSURANCE

THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE

PLEASE ANSWER ALL QUESTIONS FULLY IN BLOCK LETTERS. TICKS OR DASHES ARE INSUFFICIENT

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 #: _____	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): _____			
34. LOCATION AT WHICH EQUIPMENT IS SITUATED: _____			
35. FLOOR OF BUILDING ON WHICH EQUIPMENT IS LOCATED: _____			
36. QUESTIONS RELATING TO LOCATION:-			
a)	CONSTRUCTION: WALLS	_____	
	ROOF	_____	
	FLOOR	_____	
b)	IS LOCATION EXPOSED TO FLOOD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	IF YES, GIVE DETAILS:	_____	
c)	IS THE CEILING OF EQUIPMENT LOCATION WATERPROOF?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d)	WHAT OTHER ACTIVITIES TAKE PLACE IN THE BUILDING IN WHICH EQUIPMENT IS LOCATED	_____	
	(Above)	(Below)	(Adjoining)
e)	IS LOCATION AIR- CONDITIONED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



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f) IS EQUIPMENT SUBJECT TO ANY ABNORMAL RISKS OR DAMAGE? YES NO

g) LIST DETAILS OF ALL EQUIPMENT(S) TO BE COVERED INCLUDING SERIAL NUMBERS, MAKE, MODEL, ETC., FOR IDENTIFICATION. ALTERNATELY, ATTACH LIST GIVING THESE PARTICULARS.

ITEM NUMBER	QUANTITY	DESCRIPTION & MAKE	YEAR OF MANUFACTURE	SUM INSURED
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL SUM INSURED				\$

37. IS EQUIPMENT TO BE INSURED OWNED BY INSURED OR LEASED? OWNED LEASED

38. IF LEASED, NAME AND ADDRESS OF LESSOR: _____

39. WAS ANY OF THE EQUIPMENT SPECIALLY MODIFIED TO MEET CLIENT REQUIREMENTS? YES NO

40. GIVE DETAILS OF WORK DONE BY EQUIPMENT:- _____

41. AVERAGE NUMBER OF HOURS PER WEEK FOR WHICH EQUIPMENT WILL BE USED:- _____

42. ARE ALL THE EQUIPMENT PERSONNEL PROFESSIONALLY TRAINED? YES NO

IF NO, GIVE DETAILS _____

43. NAME OF COMPANY WHICH WILL SERVICE AND MAINTAIN EQUIPMENT _____

44. a) WHERE ARE CURRENT PROGRAMMING INSTRUCTIONS KEPT? _____

b) ARE DUPLICATE PROGRAMMING INSTRUCTIONS KEPT? YES NO

IF YES, STATE WHERE:- _____

45. WHAT ARRANGEMENTS HAVE BEEN MADE FOR REGENERATING INFORMATION ON CURRENT FILES IF DESTROYED? IS SUITABLE BACKUP KEPT AT SEPARATE LOCATION? IF SO, WHERE?



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46. HOW FREQUENTLY ARE BACKUP FILES UPDATED? _____

47. HOW FREQUENTLY HAVE POWER SUPPLY OUTAGES OCCURRED AT THE EQUIPMENT SITE OVER THE LAST YEAR AND USUAL PERIOD OF OUTAGE? _____

48. WHAT SURGE PROTECTIONS HAVE BEEN FITTED TO THE EQUIPMENT? _____

49. WILL THEY CONTINUE TO BE FITTED AT ALL TIMES THROUGHOUT THE PERIOD OF COVER? YES NO

50. HAVE YOU SUFFERED ANY PREVIOUS LOSS / DAMAGE TO YOUR EQUIPMENT AT ANY TIME? YES NO

IF YES, GIVE DETAILS:-

REFEREES (Applicable to Individual Proposers)

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

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 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 _____

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