



MOTOR INSURANCE PROPOSAL FORM

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

A. TYPE OF POLICY

1. Private:	Standard	Gold Shield	Drive Smart	Third Party Basic
2. Commercial:	Private	Public	Special Types	
3. Public Passenger:	Contract Carriage	Hackney	Route	Hire Drive
4. Motor Cycle:	Standard			

B. PROPOSER INFORMATION *(Photo Identification and Proof of Address if Proposer is an Individual)*

5. Full Name:						
6. Date of Birth:		7. Country of Birth:		8. Nationality:		
9. Gender:		10. Marital Status:		11. TRN:		
12. Home Address:			13. Mailing Address:			
14. Work/Business Address:			15. Email Address:			
16. Home Phone #:		17. Mobile #:		18. Work Phone#:		
19. Type of ID:		20. ID Number:		21. ID Expiry Date:		
22. Occupation/Type of Business: <i>(Describe in full and be specific; avoid vague terms like "Businessman", "Director")</i>						
23. Name and Place of Employment:						
24. Do you have any other type of insurance with JNGI?				Yes	No	If Yes, give details:
25. 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:
26. 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:



MOTOR INSURANCE PROPOSAL FORM

C. ADDITIONAL PROPOSER INFORMATION *(If Proposer is an Entity)*

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

D. VEHICLE DETAILS *(Copies of Vehicle Documents are required)*

37. Year:	38. Make:	39. Model:	40. Colour:
41. Reg. #:	42. Body Type:	43. # of Seats: <i>(incl. Driver)</i>	44. Mileage:
45. Chassis #:	46. Engine #:		
47. Laden Weight:	48. Unladen Weight:		
49. Estimate of Value:	50. Left or Right Hand Drive:		
51. Has the vehicle been or will it be modified from the Manufacturer's Specification to improve performance?	Yes	No	If Yes, give details:
52. Are any Vehicle Tracking Devices attached?	Yes	No	If Yes, give details:

E. COVER REQUIRED

53. Type of Cover Required:	Comprehensive		Third Party Fire & Theft		Third Party	
54. Will you be driving the vehicle?	Yes	No	If No, name the Principal Driver:			
55. Do you require cover for?	Insured Only			Named Driver(s)		Open Driving
NB: Please complete a Driver Declaration Form for Principal Driver, Named Drivers or persons who will drive vehicle on a regular basis.						



MOTOR INSURANCE PROPOSAL FORM

56. Do you require cover for towing (apart from towing a disabled vehicle)? (e.g. towing a boat trailer)	Yes	No	If Yes, give details:		
57. Do you require Increased Limits of Liability?	Yes	No	If Yes, state the Option required:		
58. Indicate if you require Increased Limits for any of these Benefits?	Audio System	Windscreen Cover	Wrecker Fee	Manslaughter Defence	Personal Accident
59. Are you earning No Claim Bonus/Discount from your previous Insurer?	Yes	No	If Yes, please provide proof.		

F. PRIVATE MOTOR & PRIVATE COMMERCIAL VEHICLE USE

60. In addition to Private, Pleasure and for your Personal Business Use, will the vehicle be used for: a) Your Employer's Business b) Sales or Commercial Travelling c) Carrying goods in connection with your or your Employer's business d) Carrying goods for hire or reward e) Professional Driving Instruction f) Hire Drive (Rental purposes)	Yes	No	If Yes to any of these questions, please provide details.		
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----	----	-----------------------------------------------------------	--	--

G. PUBLIC COMMERCIAL AND PUBLIC PASSENGER VEHICLE USE

61. Will the vehicle be used for: a) Rallying, Pacemaking, Speed Testing, Racing b) Carrying Passengers for hire or reward c) For Professional Driving Instruction d) For Hire Drive (Rental) Purposes e) Carriage of goods like Explosives, Bulk Liquid Petroleum Gas, Chemicals, Gasses, Chemicals and Gasses in liquid, compressed or gaseous form, or any other potentially hazardous goods	Yes	No	If Yes to any of these questions, please provide details.		
62. Provide details of any Haulage Contract in which you are currently engaged:					
63. If the vehicle is to be insured as a Special Type (e.g. Tractor, Agricultural Machine, Backhoe, etc.), will its use be restricted to your own premises? If No, please provide details:					



MOTOR INSURANCE PROPOSAL FORM

H. VEHICLE OWNERSHIP/MORTGAGEE/PREMIUM FINANCIER/SOURCE OF FUNDS

64. Is the vehicle registered in your name only?	Yes	No	If No, please provide particulars of other Owner(s).
65. Do you have a financial interest in this vehicle?	Yes	No	If No, please provide particulars of other Owner(s).
66. Does anyone else have a financial interest in this vehicle?	Yes	No	If Yes, please provide particulars of other person(s)
67. Will anyone other than the registered owner(s) have custody and control of the vehicle?	Yes	No	If Yes, please provide particulars of other person(s)
68. Name and Address of Mortgagee		69. Name and Address of Premium Financier	
70. Source of Funds (used for paying the Insurance Premium):			

I. PROPOSER'S DRIVING INFORMATION, INSURANCE & ACCIDENT HISTORY

71. Driver's Licence #:		72. Type of Licence:	
73. Issue Date:	74. Expiry Date:	75. Country of Issue:	
76. Do you have any physical disability or infirmity that will impair your ability to drive?	Yes	No	If Yes, give details:
NB: The following will be required: a) Medical Certificate to confirm your ability to drive if you have an impairment or physical disability b) Engineer's Report if the vehicle has been modified to suit your infirmity or disability			
77. How many years have you been driving, with insurance, without making a claim or without a claim being made against you?			
78. In what year did you have your last accident?			
79. Have you had a motor vehicle accident in the past eight (8) years involving this or any other motor vehicle owned or driven by you or owned by you and driven by any other person?	Yes	No	If Yes, please provide details below on those within the last 3 years:
Date	Circumstances		Were you at Fault?
1)			
2)			
3)			



MOTOR INSURANCE PROPOSAL FORM

80. Have you been convicted of Dangerous or Reckless Driving during the past three (3) years?		Yes	No	If Yes, please provide details below:
Date	Circumstances	Were you at Fault?		
1)				
2)				
3)				
81. Have you held a Motor Policy before?		Yes	No	If Yes, please provide name of previous Insurer/ Agent/ Broker, Dates and Policy #s.
82. Has any Insurer ever:		Yes	No	If Yes, please provide details.
a) Refused your insurance				
b) Imposed an increased excess or special terms				
c) Refused to renew or cancelled your insurance				

J. PRINCIPAL DRIVER & OTHER DRIVER(S) INFORMATION, INSURANCE & ACCIDENT HISTORY

83. Provide the Name (s) of the Principal Driver, Named Driver(s) and Regular Drivers:			
NB: Please complete a Driver Declaration Form for the Principal Driver, Named Drivers and Regular Drivers.			
84. Will anyone (including those named at question 83 above), be driving who is/has:	Yes	No	If Yes, please provide details.
a) Less than 21 yrs old or over 80 yrs old (age 65 yrs for Public Passenger Vehicles)			
b) A Provisional Licence			
c) The appropriate Licence but for less than 1 year			
d) Had an accident, claim, conviction in the last 3 yrs			
NB: You are required to declare to JNGI, the names of all known drivers (children, dependents or otherwise) who are less than 21 years old or who have held their driving licence for less than one year, prior to inception of the policy.			

K. REFEREES (Applicable to Individual Proposers only)

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



MOTOR INSURANCE PROPOSAL FORM

L. 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 vehicle(s) referred to above is/are in good condition and repair

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 and any Declaration Form(s) completed by Other Driver(s) 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.**