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COMMERCIAL MOTOR VEHICLE PROPOSAL FORM

ALL QUESTIONS MUST BE ANSWERED

THE PROPOSER: (if proposer is a Company, Complete questions as applicable)

NAME IN FULL: _____

(Mr., Ms, Miss, Mrs.)

POSTAL ADDRESS (1): _____

BUSINESS ADDRESS (2): _____

Postal Code (if any) (1) _____ (2) _____ TRN: _____

DATE & PLACE OF BIRTH: _____

NATIONALITY: _____ e-mail address: _____

TELEPHONE No(s): home _____ business _____ cell _____
(Provider and Number)

EMPLOYMENT: (if proposer is a Company, answer questions as relevant)

OCCUPATION / TRADE / PROFESSION: _____

EMPLOYER'S BUSINESS: _____

EMPLOYER'S NAME and ADDRESS: _____

Address at which Employed (if different) _____

EMPLOYER'S TELEPHONE No(s) _____ FAX _____

If self employed, state nature of your self employment _____

CONTACT PERSON: Name, Address, Tel. No(s): _____

THE VEHICLE (if 2 or more vehicles, attach schedule)

Chassis No.		V.I.N. (if different)	
Engine No.		Registration No.	
Make		Model	
Year manufactured		Horse Power	
LHD / RHD		Seating capacity	
Carrying capacity – Laden weight		Estimate of Value (excl. accessories)	
Type of Body, (if truck describe type)			

PERIOD OF INSURANCE FROM _____ TO _____

COVER REQUIRED: a) Comprehensive _____ b) Third Party Fire & Theft _____ c) Third Party Only _____

OWNERSHIP: Is vehicle registered in your name? _____ if not, give name and address of registered owner _____

_____ Give name of Finance Company (Mortgagee), if any _____

USE

1. Will the vehicle be used for:

- a) Social, domestic and pleasure purposes in addition to the purpose(s) stated below? _____
- b) The carriage of (your) Own Goods - Private Commercial? _____
- c) The carriage of Goods for Hire or Reward – Public Commercial? _____
- d) State type of goods carried, if applicable _____
- e) The carriage of passengers for payment – Taxi / Bus? If yes give details _____
- f) Any other purpose? Give details _____

GENERAL

2. a) Is the vehicle roadworthy and in good condition? _____ b) Has the vehicle been modified to carry a heavier load than specified, or in any other way? _____ If so give details _____

3. a) Where is vehicle usually kept overnight? _____

b) Is there any anti-theft device attached? _____ If so, give details _____

4. Will anyone to your knowledge be using the vehicle to learn to drive? _____

5. Do you have or have you had any motor insurance in the past 5 years? _____ If so, state name of Company(ies). _____

6. Has any Company refused to renew, cancelled your policy, declined your proposal, or imposed special terms or conditions? _____

If yes, give details _____

7. Are you a Director of any (other) Company insured with JIIC? _____ if so, give details _____

8. To the best of your knowledge, are you or any close relative connected in any way to JIIC or any other member of the Grace Kennedy Group? _____ if so, give details _____

DRIVERS Give particulars of regular drivers:

NAME	Relationship to Proposer	OCCUPATION	Date of Birth	Years Driving	Full Licence: NUMBER	TYPE

9. a) Who will be the main driver of the vehicle? _____

b) Will the drivers of the motor vehicle(s) be restricted solely to the drivers named above? _____

If the response to questions 10 a) to c) below is yes, please give details in the space provided.

10.a) Has any intended driver held a full licence for less than 24 months? _____ if so, state period held _____ months.

b) Does any regular driver suffer from defective vision, hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity? _____

c) To the best of your knowledge in the past 36 months has any driver named above i) been fined, _____ ii) had their licence endorsed / revoked, _____ iii) been prosecuted for a motoring offence? _____

QUES. #	NAME	DETAILS
10		
10		
10		

CLAIMS HISTORY:

11. **What accidents or losses have occurred during the past 36 months**, by you or any other person who will regularly drive the vehicle?

Year	No.	NAME of DRIVER and BRIEF DETAILS

INCREASED BENEFITS

12. Do you require : i) Special windscreen/glass cover? If so, to what limit?; ii) Passenger Liability and Negligence.? State requirements : _____

13. TRAILERS (Attaching to Goods Carrying vehicles only) COVER REQUIRED: a) Comprehensive ___ b) Third Party Only ___

a) Specified Trailers – Enter particulars below:

Trailer / Chassis No.	Description (Make and Type)	Estimated Value

b) Unspecified Trailers: Advise a) Maximum number of trailers in use at any one time _____ b) Highest value of trailers which will be attached at any one time. _____

DISCOUNTS

14 a) Do you have an HOC policy with JIIC? _____ b) Do you have another vehicle or vehicles insured with JIIC? _____

c) Are you earning a **No Claim Discount**? _____ (if so, please provide a claims experience letter).

15. If your Vehicle and/or Trailer is a ‘SPECIAL TYPE’ – ask your Customer Service representative for details of coverages.

TWO REFERENCES (Applicable to Individual Proposers; provide names, addresses and telephone Nos.) _____

SOURCE OF FUNDS (i.e. your earnings/income, e.g. wages, remittances, investments etc.) _____

The policy is voidable if the proposer makes any false statement or withholds any material information.

I declare that to my knowledge and belief the particulars given in this proposal, whether by me or on my behalf are true and complete, that I have not withheld any material information. I agree that this proposal and declaration shall be the basis of the contract between me and JIIC whose policy terms and conditions I accept.

I hereby authorise the Commissioner of Police or his representatives or the Manager of the Inland Revenue Division or his representatives to release any and all information that may be required by JIIC pertaining to me, my authorised driver or the vehicle(s) declared in this Proposal Form or in the Policy document which together constitute the contract.

Date _____

Proposer’s Signature _____

Broker /Agent

Liability does not commence until an official cover note or certificate has been issued.