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**HOME COVER COMPREHENSIVE PROPOSAL FORM**

ALL QUESTIONS MUST BE ANSWERED

**THE PROPOSER:**

NAME IN FULL: \_\_\_\_\_

POSTAL ADDRESS (incl. Postal Code, if any): \_\_\_\_\_

DATE & PLACE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

TRN: \_\_\_\_\_ e-mail address: \_\_\_\_\_ Fax \_\_\_\_\_

TELEPHONE No(s): home \_\_\_\_\_ business \_\_\_\_\_ cell \_\_\_\_\_

**EMPLOYMENT:**

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): \_\_\_\_\_

**RISK ADDRESS**

CONSTRUCTION: WALLS \_\_\_\_\_ ROOF \_\_\_\_\_

**MORTGAGEE:**

PERIOD OF INSURANCE FROM \_\_\_\_\_ TO \_\_\_\_\_

- Our Standard Homecover Policy covers you for 'Full Perils'. Indicate if you wish to reduce your coverage, for a reduction in premium, as below:-
  - "Non-Cat" Policy: Does not cover Earthquake or Hurricane related Risks.
  - "Split Perils Policy i): Does not cover Earthquake, fire arising from earthquake or other related perils.
  - "Split Perils Policy ii): Does not cover Storm or Hurricane related perils nor flood following these perils.
- Do you require an 'Agreed Value' policy on your buildings? Conditions apply, an approved valuation and insurance to full replacement value as new will be required. \_\_\_\_\_
- Is the Building to be insured part of a Strata Complex? \_\_\_\_\_ If so, state your insurance requirements.

Please see your customer representative for further details or if you have queries on any of the above.

**SECTION 1 – BUILDINGS**

To include dwelling house, garages, walls, gates, fences, outbuildings, paved areas, wall-to-wall carpets, landlord's fixtures and fittings, awnings and Jacuzzis. To take advantage of our replacement value cover you should insure for full replacement value.

		<b><u>SUM INSURED</u></b>
ITEM 1.	BUILDINGS .....	\$ _____
ITEM IA.	SWIMMING POOL .....	\$ _____
ITEM 1B.	RETAINING &/OR SEA WALL(S) .....	\$ _____
ITEM 1C.	OTHER – (Please state) .....	\$ _____
<b>TOTAL SECTION 1</b>		<b>\$ _____</b>

**SECTION 2 – CONTENTS**

The household goods and personal belongings of the proposer or any family member or domestic servant permanently residing at the dwelling shown above.

**NOTE 1:** No article or set of jewellery, gold, silver, precious metals, watches, photographic equipment, guns, binoculars, works of art, antiques, furs and the like (hereinafter referred to as **VALUABLES**) will be deemed to be of greater value than \$10,000 unless specifically noted in the policy.

**NOTE 2:** Individual items of Audio and Video equipment, televisions, computers and accessories, internal components of satellite receiving system, C.B. short wave and two-way radio systems (hereinafter referred to as **ELECTRONIC EQUIPMENT**) of greater value than \$15,000 must be listed separately and are not included in the general contents.

**NOTE 3:** Unless specified we will not pay more than 35% of Sum Insured on contents in respect of Valuables and Electronics.

Please give particulars of the following: (If the space provided is insufficient, please attach a separate sheet.)

a) Valuables in excess of \$10,000.00 each \_\_\_\_\_

b) Individual items of Electronic Equipment (make, model #, serial #, value) valued in excess of \$15,000.00 \_\_\_\_\_

**NOTE 4:** If your current values are within the above limits but you acquire additional articles at any time during the currency of the policy, please notify us immediately so that we can update your policy.

Please state the Total Sum Insured on:

**SUM INSURED**

(1) GENERAL CONTENTS \$ \_\_\_\_\_

(2) SPECIFIED ITEMS \$ \_\_\_\_\_

**TOTAL SECTION 2** \$ \_\_\_\_\_

**SECTION 3 – ALL RISKS**

List all items of jewelry and valuables with descriptions and their sums insured, and attach to to this proposal. **SUM INSURED**

**N.B.** A valuation or receipt is required for all items exceeding \$5,000 \$ \_\_\_\_\_

**TOTAL SECTION 3** \$ \_\_\_\_\_

**SECTION 3A – SATELLITE DISH**

Please state the sum insured on the external components of your satellite dish system and give brief details (size, make etc.) **SUM INSURED**

**N.B.** The internal components should have been listed under Section 2

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL SECTION 3A** \$ \_\_\_\_\_

**TOTAL ALL SECTIONS** \$ \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Please state the nature of your residence (strike out the descriptions which do not apply). If none applies please state description beside (iv);	(i) Private Dwelling house (ii) Self contained flat entrance exclusively under your control (iii) Rooms not self-contained (iv)
2. Is there any profession or trade carried on in the dwelling or in any portion of the premises of which the dwelling forms part? If so give particulars.	
3. (a) Are the Buildings in a good state of repairs and will they be so maintained? (b) Are the buildings low lying and /or subject to flooding from any sea, river, waterway or reservoir? If so, state distance there from and height above normal water level.	
4. What losses have you sustained in recent years? State date of loss, amount, and cause thereof.	
5. Will the dwelling regularly be left unoccupied? If so give details.	
6. Have any of your requests for insurance ever been declined or has any insurer required special terms or additional precautions to be taken? If so, give full details.	
7. Are you at present insured for any of the risks now proposed? If so, give details?	
8. (a) Is any part of your residence let out as Apartments? (b) Are paying guests accommodated? If so how many? (c) Is the entire residence rented out or is it a rental cottage or villa?	
9. Are you a Director of any Company insured with JIIC? If so, give details	
10. To the best of your knowledge, are you or any close relative connected in any way to JIIC or any other member of the GraceKennedy Group? If so give details	

**PROVIDE 2 REFERENCES** (Applicable to individual proposers only; Give Names, addresses and telephone Nos.) \_\_\_\_\_

**SOURCE OF FUNDS** (i.e. your earnings/income, e.g. wages, investments etc.) \_\_\_\_\_

**Average Clause:** If at the time of a loss your property is deemed to be of greater value than the Sum Insured you are considered your own insurer for the amount not insured and shall bear a rateable proportion of each and every loss.

**DECLARATION:** I declare that to my knowledge and belief the answers and 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 Jamaica International Insurance Company Ltd. whose policy terms and conditions I accept.

**DATE:** \_\_\_\_\_ **SIGNATURE OF PROPOSER** \_\_\_\_\_

No insurance is in force until the Proposal has been accepted by the Company, and the Premium or a Deposit paid except as provided by an Official Covering Note issued by the Company.