

JIIC Renewal Customer Information Form

JIIC welcomes the opportunity to continue to take care of your insurance needs.

Your Name: _____ Your Policy #: _____

Mailing Address: _____

Home Address: _____

Your contact numbers (H) _____ (C) _____ (O) _____

Employer's Name: _____ Job Title: _____

Employer's Address: _____

Your TRN: _____ Your e-mail address: _____

Please tick the appropriate response:

Questions	Yes	No
Motor Policy Holders Only:		
1. Is anyone holding a Drivers License for less than 2 years driving or is likely to drive your vehicle?		
2. Is anyone under the age of 23 Years driving or is likely to drive your vehicle?		
3. Have you had any losses, claims or accidents within the last year?		
4. Have you modified or done any special markings on your vehicle?		
5. Are you aware that JIIC offers a free valuation every 2 years for Premier Policy Holders?		
6. Do you know what the Excess on your policy is?		
7. Do you understand how the Excess on your policy is applied?		
8. Do you know about JIIC's Replacement Vehicle Hire benefit?		
9. Do you know about JIIC's Personal Accident Rider		
10. Do you have a tracking device on your vehicle?		
11. If your policy was issued for named Drivers Only, would you like to change this?		
12. Would you like to increase your third party liability limits?		
Property Policy Holders Only:		
1. Do you think the value of your property has changed over the last year?		
2. Has there been any damage or changes to the property?		
3. Are you aware that you can insure the contents of your property without insuring the building?		
4. Is the property currently occupied?		
All Clients		
1. Are you a Director of any Company insured with JIIC? If so, give details		
2. To the best of your knowledge are you or any close relative connected in any way to JIIC or any other GraceKennedy company? If so, give details		

Signature

_____/____/20____
Date

Checked By