



JAMAICA INTERNATIONAL INSURANCE COMPANY LIMITED

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RENEWAL QUESTIONNAIRE

Policy #: -

1) Have you changed any of the following within the last year? (Circle your answer)

- | | | |
|----------------------------------|------------|-----------|
| a) Your Mailing address? | Yes | No |
| b) The address where you reside? | Yes | No |
| c) Your place of Employment? | Yes | No |
| d) Your Occupation? | Yes | No |

Your contact Numbers (Including Cell. Numbers): _____

Tax Registration Number (TRN): _____

If yes, please indicate the changes below: _____

2) What is your e-mail address? _____

3) If your policy were issued for named Drivers Only (i.e. restricted), would you like it to remain?

Yes **No**

4) Are you aware that JIIC offers a free Valuation at an approved Valuator every two years?

Yes **No**

5) Is anyone under the age of Twenty-Three (23) Years driving or is likely to drive your vehicle?

Yes **No**

6) Is anyone holding a Drivers Licence for less than Two (2) years driving or is likely to drive your vehicle? **Yes** **No**

7) Have you had any losses, claims or accidents within the last year? **Yes** **No**

8) Do you know what the Excess on your policy is? **Yes** **No**

9) Will you be taking up the Replacement Vehicle Hire benefit? **Yes** **No**

10) Do you understand the policy on Suspending Cover whilst your vehicle is not being driven?

Yes **No**

__/__/20__

Signature

Date

Checked By