



General Accident INSURANCE COMPANY JAMAICA LIMITED

FIRE & ALLIED PERILS INSURANCE PROPOSAL FORM

Name of Broke/Agent:		
Name of Proposer (in full):		
Mailing Address		
Occupation		Telephone No.:

Address of Premises to be insured:		
Occupation of premises to be insured:		
Name and Address of Mortgagee:		

1. How are the buildings constructed?	
(a) External Walls	
(b) Roofs	
(c) Ceilings and Floors	
(d) Gallery, Verandah or Balcony	
(e) Windows and Window frames	
State number of Storeys	
2. How are the buildings lighted?	
3. Is any method of heating employed therein? Insert Yes/No <input type="checkbox"/> If so, give particulars	
4. Are goods of a hazardous nature contained therein? Insert Yes/No <input type="checkbox"/> If so, give particulars, including quantity and place of storage or petroleum or other mineral oil or product thereof, if any?	
5. If power driven machinery is used give particulars.	
6. Is the building currently occupied? Insert Yes/No <input type="checkbox"/>	
7. Are the premises in your sole occupation? Insert Yes/No <input type="checkbox"/> If not, state how other wise occupied.	
8. If adjoining any other building(s) please state:- (a) Occupation of these (b) Nature of Construction, including division walls	
9. Are there any insurances in force on any of the property embraced in this proposal with this or any other Insurance Company or Underwriter? Insert Yes/No <input type="checkbox"/> If so, state the amounts and the names of the Insurance Companies or Underwriters.	

10. (a) How long have you carried on business in the premises?

(b) Have you carried on business in any other premises?

If so, give particulars

11. Have you ever had a loss either at these premises or elsewhere by fire or any peril to be insured? Insert Yes/No

If so, state the amounts and names of the Insurance Companies:

12. Has any Insurance Company or Underwriter declined any proposal for insurance either in your own name or jointly with others or declined to continue any such insurance either at these premises or elsewhere?

If so give particulars

12. Do the sums insured represent the full value in respect of each item listed below?

13. Is there any other material fact to be known for estimating the risk?

If so, state same

SUMS FOR WHICH INSURANCE IS REQUIRED

	\$
Building	
Walls, Gates, Fences	
Merchandise or Stock in trade	
Goods in trust or on commission for which the proposer is responsible	
Fixtures, Fittings and Utensils in trade	
Landlords Fixtures and Fittings	
Machinery, Shafting and Gearing	
Plate Glass and Plate Glass Fronts	
Household Goods and Personal Effects	
Employees Effects (not exceeding \$1,000.00 any one employee)	
Month's Rent	
Consulting Engineers Fees	
Architect's and Surveyor's Fees necessarily incurred in the reinstatement of the Buildings after destruction or damage by Fire but not for preparing any claim.	
TOTAL:	

DECLARATION

I/We declare that all the answers in this Proposal are true; and no information withheld that might lead to influence the Company's decision regarding this proposal. I/We confirm that the amounts proposed represent the full value of the property; and undertake to exercise all reasonable precautions for the safety of the property. I/We agree that this Proposal and Declaration shall be the basis of the contract between the Company and myself/ourselves, and to accept the Policy issued under all the conditions contained therein or endorsed thereon, and to pay the premium on request.

AVERAGE

Each item of the Fire and Allied Perils policy when issued will be subject to Average. This means that if the property covered is, at the time of any loss or damage, greater value than the sum insured, then the insured shall be considered as being his own insurer for the difference and shall bear a rateable share of the loss accordingly. It is, therefore in the interests of Proposers to make certain that the sums insured placed against each item do represent the full value of the property.

DATED _____

SIGNATURE _____