

# INSURANCE COMPANY (JAMAICA) LIMITED

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## FIRE COMMERCIAL ALL RISK PROPOSAL FORM

### **Note to Proposer**

# Notice to Insured on the Nature and Effect of the Pro Rata Condition of Average (Average Clause)

Please note that any property that is insured or to be insured under the policy mentioned above is subject to the **pro rata condition of average (Average Clause)**. This means that, under certain circumstances, if the property covered under this policy is, at the time of any loss or damage from an insured peril, of greater value than the sum for which the property is insured, you will only be entitled to recover under this policy such proportion of the loss as the sum insured under this policy bears in relation to the total value of the property. You are said to be under-insured because the sum insured at the time of the loss is less than the actual value of the insured property and so a part of the insured loss will not be covered under his Policy. In this case, you are considered as being your own insurer for the part of your loss which is not covered under this policy.

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	£\$10,000,000 and you decide to insure it for \$7,000,000 and you suffer a epending on the size of the loss. The formula that is applied in each case
Sum Insured x Amount of the loss = Amount Recov	verable 1
Example 1 Where loss is less than value and less than Su	ım Insured
□ Assume the loss is \$5,000,000	
$\frac{\$7,000,000}{\$10,000,000}  x  \frac{\$5,000,000}{1}  =  \frac{\$3,500,000}{1}$	
You will be paid \$3,500,000 or 70% of your loss	s less any deductible stated in the policy
Example 2 Where loss is less than value but greater than	Sum Insured
□ Assume the loss is \$8,000,000	
\$7,000,000 x \$8,000,000 \$10,000,000 1	= \$5,600,000 1
You will be paid \$5,600,000 or 70% of your loss less any	y deductible stated in the policy
Example 3 Where loss is equal to replacement value	
Should you have a total loss that is, \$10,000,000 ther that is, \$7,000,000 less any deductible stated in the p	you will only receive the amount you insured the property for olicy.
Under certain circumstances where you under-insure, you may equal to or more than 85% of the value. This will depend on	ay be entitled to the full amount of the insured loss if the sum insured is on the terms of your policy.
be insured. This will enable you to identify whether yo	ecking on the adequacy of the sum for which the property is insured or to u are or will be under-insured in a manner which will cause the applied. You may check with your insurer, agent or broker for further ect of the pro rata condition of average contained therein.
This notice is given to you in fulfillment of the legal requirementata condition of average stated in your policy to be inserted	nent to provide you with information on the nature and effect of the <b>pro</b> in the policy of insurance mentioned above.
Please note that the extent to which the condition applies is go	verned by the terms of your policy.
Proposer's Signature	

Policy Number _			Broker/Agent	
BROKER/AGE	NT NAME ——			
INSURED'S NA	ME			
OCCUPATION				
TAXPAYER RE	EGISTRATION NUN	IBER (TRN)		
ADDRESS OF I	PREMISES TO BE I	NSURED		
TYPE OF PREM	IISES TO BE INSUI	RED		
MAILING ADD	RESS			
NAME OF MOR	RTGAGEE			
ADDRESS OF N	MORTGAGEE			
TELEPHONE N	IO.(S)	FAX NO	EMAIL ADDRESS	
		<u>DETAII</u>	LS OF CONTACT PERSON	
MR./MRS./MS DR./ OTHER		RST NAME	LAST NAME	
TELEPHONE N		EMAII		
ARE ANY OF YOUR OFFICERS INVOLVED OR ASSOCIATED WITH ANYONE HOLDING ANY PROMINENT PUBLIC POSITION SUCH AS AN OFFICIAL OR EXECUTIVE OF A POLITICAL PARTY, SENIOR POLITICIAN OR SENIOR GOVERNMENT?  YES NO				
IF YES, PLEASE ST	ATE ONE OR THE OTHI			
IN RESPECT OF	F PRINCIPAL OWN	ERS, DIRECTORS & BENEFICIA	ARIES:	
Title		Name	Address	

## Attach a supplementary sheet, if necessary

## WE ALSO REQUEST THAT YOU SUBMIT THE FOLLOWING DOCUMENTS:

- CERTIFICATE OF INCORPORATION (OR SIMILAR DOCUMENT APPROPRIATE FOR BUSINESS)
- MEMORANDUM AND ARTICLE OF ASSOCIATION (OR ARTICLES OF INCORPORATION)
- MOST RECENT ANNUAL RETURNS FILED WITH THE COMPANIES OFFICE OF JAMAICA AND RECEIPT FOR THE FILING FEE. NAME(S) & ADDRESS(ES) OF OWNER(S) WITH SHAREHOLDINGS OF 10% OR GREATER.
- COPIES OF ID FROM AT LEAST TWO (2) DIRECTORS. WE ALSO ACCEPT ANY IDENTIFICATION WITH A PHOTOGRAPH SUCH AS PASSPORT, DRIVER'S LICENCE, AND ELECTOR REGISTRATION ID CARD
- SIGNED DIRECTOR'S STATEMENT AS TO THE NATURE OF THE COMPANY'S BUSINESS

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?   YES   NO If so, give particulars below
4) Are goods of a hazardous nature contained therein?   YES NO  If so, give particulars, including quantity and place of storage or petroleum or other mineral oil or product thereof, if any below
5) If power driven machinery is used give particulars
6) Is the building currently occupied?.   YES NO If so, by whom
7) Are the premises in your sole occupation? YES NO If no, state how otherwise occupied
8) If adjoining any building(s), please state:
a) Type of Building(s)  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?   YES NO  If so, state the amounts and the names of the Insurance Companies or Underwriters
10) How long have you carried on business in the premises?  b) Have you carried on business in any other premises?   YES   NO If so, give particulars
11) Is the premises protected by Electronic Security?   YES   NO If so, give particulars below

so, state the amounts and names of the Insurance Companies Occurrence	
Insurance Companies	
nisurance Companies	
3) What security precautions are in operation:	
a) For securing outer doors?	
b) For protecting windows?	
c) For protecting roof lights and other means of access?	
4) Has any application for Insurance been declined or not completed? YES NO If so, please state below	V
5) Has any Insurance Company or Underwriter declined any proposal for insurance either in your own name or jointly my such insurance either at these premieses or elsewhere? YES NO	with others or declined to continue
f so, give particulars	
6) Do the sums insured represent the full value in respect of each item listed below? YES NO	
7) Is there any other material fact to be known for estimating the risk?  YES NO If so, give particulars be	elow
SUMS FOR WHICH INSURANCE IS REQUIRED	\$
Building	
Valls, Gates, Fences	
Valls, Gates, Fences Merchandise or Stock in trade	
Walls, Gates, Fences Merchandise or Stock in trade Goods in trust or on commission for which the proposer is responsible	
Walls, Gates, Fences Merchandise or Stock in trade Goods in trust or on commission for which the proposer is responsible Eixtures, Fittings and Utensils in trade	
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Walls, Gates, Fences Merchandise or Stock in trade Goods in trust or on commission for which the proposer is responsible Eixtures, Fittings and Utensils in trade Landlords Fixtures and Fittings Machinery, Shafting and Gearing Plate Glass and Plate Glass Fronts	
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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 for any one employee)  Month's Rent  Consulting Engineer's Fees  Architect's and Surveyor's Fees necessarily incurred in the reinstatement of the Buildings after	
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#### **AVERAGE**

Each item of the Fire & 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, of a 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. General Accident has provided the insured with written notice of the Average Clause.

#### 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 or 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.

Date	Signature	

Revised June 27, 2022