

## TO BE COMPLETED BY CO-OWNER

(THE COMPANY RESERVES THE RIGHT TO DECLINE ANY PROPOSAL)

6c Half Way Tree Road, Kingston 5, Jamaica W.I., keyins@cwjamaica.com, www.keyinsurancejamaica.com

Broker/ Agent/ Branch

Certificate No./ Cover Note

Policy No.




PLEASE WRITE PLAINLY AND USE BLOCK LETTERS: CHECK YES OR NO, AND WRITE AN EXPLANATION WHERE APPROPRIATE. A DEFINITE ANSWER MUST BE GIVEN FOR EACH QUESTION. ANY AMENDMENTS MUST BE SIGNED BY THE PROPOSER. IN THE EVENT OF A TOTAL LOSS, THE CURRENT MARKET VALUE OR THE INSURED VALUE, WHICHEVER IS LESS, SHALL BE THE BASIS OF ANY CLAIM PAYMENT. IT IS THE PROPOSERS RESPONSIBILITY TO INSURE THE VEHICLE FOR THE CORRECT VALUE. PLEASE ATTACH A RECENT VEHICLE VALUATION FROM OUR APPROVED LIST OF PROFESSIONAL VALUATOR.

### 1) Name(s) and Information

Title: (Mr., Mrs., Miss., Rev., Dr., etc.)	Surname, First Name, Middle Name(s)		
Alias: (Other names you are known by)	Gender:		Date of Birth: (DD/MM/YYYY)
Place of Birth:	Nationality:	Tax registration Number:	
Marital Status: (Single, Married, Divorced, Widowed, Other)	Occupation/ Trade/ Profession: All occupations must be listed. Vague terms such as businessman are not acceptable.		

### 2) Contact Information

Home Phone #:	Work Phone #:	Cell Phone #:
Fax Phone #:	E-mail Address:	
Home Address:	Mailing Address: (if different from home address)	

### 3) Employment Information

Name of Current Employer:	Position Held:	Years Employed:
Address of current Employer:	Other Places of Employment:	

### 4) Licence Information

Will you be driving the Vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please indicate Drivers Licence Held: Private, General, General PPV, Motor Bike, Trailer, Other.	Drivers Licence Number:
Date Issued: (DD/MM/YYYY)	Collectorate Issued:	How many years have you held a valid driver's licence?
		Expiry Date: (DD/MM/YYYY)

### 5) Insurance Information

Do you have other insurance policies with this company?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, state the type of insurance and policy number: (Property, Comprehensive, Professional Indemnity, etc.)
Do you require a quotation for any other types of insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, state the type of insurance: (Property, Comprehensive, Professional Indemnity, etc.)
Do you currently have insurance policies with any other company?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, state the Company name:
Were you previously earning a no claim discount?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how much? (Proof of No Claim bonus from previous insurer must be submitted before discount applied.)
Have you ever been prosecuted or convicted of any offence in connection with any vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, state circumstances:
Do you suffer from defective vision, hearing or any other physical or mental infirmity or illness?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain:
Has any insurer required you to carry a higher excess or deductible than normal?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain why:
Has any insurer refused to renew or cancelled your policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please give details:
Has any insurer required an increased premium due to special conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain:
Has any insurer imposed special conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain:
Has any insurer declined your proposal?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain: