



KEY INSURANCE COMPANY LIMITED

6C Half Way Tree Road, Kingston 5, Jamaica WI

Telephone: 876-926-6278, 876-929-7940-3

Web: www.keyinsurancejm.com | Email: info@keyinsuranceja.com

PROPOSAL FORM FOR RESIDENCE POLICY

NOTICE PURSUANT TO SECTION 120 AND REGULATION 126 (4) OF THE INSURANCE ACT AND REGULATIONS. PLEASE NOTE THAT THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE AS CONTAINED IN THE POLICY

THE PROPOSER

First-Name:

Last-Name:

Alias:

Date of Birth:

Place of Birth:

Tax Registration #:

Nationality:

Mailing Address:

Employers Name &
Address:

Occupation/Trade/ Profession Please note
that Businessman is not an appropriate answer, actual
Business / Trade / Profession must be stated.

Telephone #:

Email:

Source of Funds for Payment of Premium:

Other

Would you like to send/receive Communication Electronically

Yes

No

The Buildings & Their Occupancy:

Please state the nature of your residence:

Of What materials is the dwelling constructed

Walls

Roof

What is the height in storey:

Are there any outbuildings and, if so how are they constructed:

Yes

No

Walls

Roof



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What is the height of the buildings above sea level:

Age of Building(s)

If any of the buildings to be insured are within 100 feet of any other building, State the:

Distance:

Type of Construction:

Walls

Roof

Use of building:

Are the buildings in a good state of repair:

Yes

No

and will they be so maintained:

Yes

No

Is the dwelling occupied solely by you, your family and servants:

Yes

No

If Not, State number of other tenants lodgers, boarders or paying guests:

For how many days (whether consecutive or not) is the dwelling likely to be left without an inhabitant during one year:

NOTE: Attention is drawn to a provision in the Policy that cover against Theft will be suspended for any period of periods in excess of 60 days during which the dwelling be left without an inhabitant therein unless specially agreed to by the Company.

Is there any profession, business or trade carried on the dwelling or in any portion of the premises of which the dwelling forms a part:

Yes

No

if so, give particulars:



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THE PROPERTY TO BE INSURED

Note: The SUM TO BE INSURED must represent the FULL VALUE of the Property the proposer being required to sign a DECLARATION to that effect.

The buildings of the of the private dwelling house or private flat and all domestic offices, stables, garages and out buildings, used solely in connection therewith and on the same premises and shall include landlords fixtures and fittings therein and the walls gates and fences around and pertaining thereto.

Address:

Buildings

Main Building:

Additional Building (if applicable)

Swimming Pool

Retaining Wall(s)

Architect & Surveyors Fees

Removal of Debris

Other – please specify

Total:



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CONTENTS

The household goods and personal belongings of the Proposer or any member of family or domestic servant permanently residing at the dwelling shown above.

Furniture, Household appliances

Items of greater value than **5% of the Contents Sum Insured**, must be listed separately.

Stereo, Television, Video, Personal Computers etc. – Individual items of Audio and Video equipment, internal components of satellite receiving system, C.B. Short-wave and two-way radio systems of greater value than **5% of the Contents Sum Insured**, must be listed separately.

Personal Effects & Clothing – Items of greater value than **5% of the Contents Sum Insured**, must be listed separately.

Jewellery – No one article or set of jewelry, gold, silver, precious metals, watches, photographic equipment, guns, binoculars, works of art, antiques, curious, furs and the like (hereafter referred to as VALUABLES) will be deemed to be of greater value than **\$10,000** unless specifically noted on the policy.

A LIST OF ALL JEWELLERY ITEMS MUST BE PROVIDED

Other Contents (please specify)

TOTAL:

PERSONAL POSSESSIONS ALL RISK

Covering Jewelry, Personal effects and other valuables against loss or damage by accident or misfortune.

A LIST OF ALL ITEMS TO BE COVERED UNDER THIS SECTION MUST BE PROVIDED

Unspecified Valuables – Articles of greater value than **\$10,000** requires a valuation report

Specified items (a valuation is required for items of greater value than **\$10,000**)

TOTAL:

Note 1. The Amount of Insurance on Platinum, Gold and Silver Articles, Jewelry and Furs is limited to one third of the Total Sum Insured on contents unless the value thereof is stated, and additional premium paid. If the said value exceeds the proportion mentioned, please state the total value of such property.

Note 2. The Insurance on Contents does not cover any part of the structure or ceilings of the building, wallpapers and the like, external television and radio antennae, aerials, aerial fittings masts and towers nor any property to be insured under Buildings, nor does it cover more specifically insured under another policy or, unless specifically mentioned. Deeds, Bonds, Bills of Exchange, Promissory Notes, Cheques, Traveler's Cheques. Securities for Money, Strips, Documents of any kind, Cash, Currency Notes, Manuscripts, Medals, Coins, Motorcycles, Motor Vehicles and Accessories or Livestock.



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PRECIOUS INSURANCE AND LOSSES

Have you any other policies in force covering any of the Perils to be Insured against: If so, please give particulars:	Yes	No
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Has any Company or Insurer, in respect of the property to be insured has ever:

- | | | |
|--|-----|----|
| i. Declined to Insure you? | Yes | No |
| ii. Required special terms to insure you? | Yes | No |
| iii. Cancelled or refused to renew your insurance? | Yes | No |
| iv. Increased your premium on renewal | Yes | No |

If so, give full Particulars

Is there a mortgage interest in the Property to be insured:	Yes	No
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If so, give particulars:

Have the Buildings and/or Contents suffered damaged by hurricane, Earthquake or flood during the past five years?	Yes	No
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If so, give particulars:

Have you ever-sustained loss from any of the perils (other than those referred to in the Question above) to which the insurance is to apply:	Yes	No
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If so, Please give partiulars:

In which countries do you wish the insurance to operate:

Period of Insurance required: From: _____ to _____ both dates inclusive



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CUSTOMER INFORMATION SHARING

I/we agree that Key Insurance Company may share any personal and financial information that I/we provide to Key Insurance Company with the current and future subsidiaries and affiliates of GraceKennedy Limited for the purposes of marketing other products and services offered by said subsidiaries and affiliates of GraceKennedy Limited.

Yes

No

DECLARATION

I do hereby declare that the above answers are true, and that I have withheld no material information regarding this Proposal I agree that this Declaration, and the answers given above, as well at any further Proposal or Declaration or Statement made in writing by me or anyone acting or, my behalf shall form the basis of the contract between me and the Key Insurance Company Ltd.

And I further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy. I ALSO DECLARE THAT THE TOTAL SUMS INSURED REPRESENT NOT LESS THAN THE FULL VALUE OF THE PROPERTY as above mentioned.

Date:

Signature:

NO INSURANCE IS IN FORCE UNTIL THE COMPANY HAS ACCEPTED THE PROPOSAL, AND THE PREMIUM OR A DEPOSIT PAID EXCEPT AS PROVIDED BY AN OFFICAL COVER NOTE ISSUED BY THE COMPANY.



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Summary of Cover:

The Standard Policy Covers loss or damage caused by;

Fire (and smoke from fire) Lightning, Domestic Explosion, Subterranean Fire, Burglary, Housebreaking, Larceny, Theft or any attempt thereat
Aircraft and other aerial devices and articles dropped therefrom
Riot, Strike or Malicious Damage
Earthquake and Volcanic Eruption
Hurricane, Cyclone, Tornado, Windstorm and Flood however caused
Bursting or overflowing of water tanks, apparatus or pipes
Impact by road vehicle, horses or cattle

KICL HOC policy also provides cover for:

Accidental Breakage of sanitary fixtures or fixed glass
Loss of Rent – 10% of Sum Insured included in sum insured
Accidental Damage to Underground Water or Sewage Pipes or Electricity Cables – 10% of Sum Insured
Tenant's Liability – 10% of Contents Sum Insured
Personal/Public Liability
Accident to Servants
Compensation for Death of Insured – Limit \$100,000 per person/\$250,000 Aggregate
Rent and Hotel Expenses – Limit 10% of Sum Insured (included in the Sum Insured)
Replacement of Title Deeds for premises insured - \$20,000 aggregate
Temporary Removal of Contents – 10% of Contents Sum Insured
Food Spoilage in Freezer - \$20,000 aggregate
Architects and Surveyors Fees – Limit 10% of Building Sum Insured (included in sum insured)



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EUROPEAN UNION CITIZEN/RESIDENT REQUIREMENT

On May 25, 2018, the European lawmakers passed a data protection bill termed General Data Protection Regulations (GDPR) that superseded all prior data protection regulations. The intent and purpose of GDPR is to empower European Union (EU) data subjects and the rights to their data. Each organisation is mandated to formulate and implement systems and controls to safeguard data, not abuse data, and empower data subjects to enforce their rights to their data. Some of these rights take the form of the following:

- Right to be forgotten: the data subject conditional to the laws of a country may request that their data be forgotten totally.
- Right of consent: no data must be processed without the consent of the data subject.
- Right to be notified: the data being processed must be clearly notified and this notification must be explicit
- Right to understand how each data subject's data is being processed: any EU client can make this request, and the business is mandated to respond and walk the client through the process.

DECLARATION

I/We the undersigned, do hereby declare and Warrant that:

1. The above statements are true
2. If any of the above statements and particulars are not in my/our handwriting the person or persons filling in such statements and particulars shall be deemed to be our Agent or Agents for the purpose of this Insurance.

I/We agree that this Declaration shall be held to be promissory, and that:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. This Proposal shall be the basis of the contract between me/us and the Company | <ol style="list-style-type: none"> 2. Within my/our knowledge there is no other material fact which should be disclosed |
|---|--|

I/We further Warrant that the vehicle or vehicles to be Insured shall **NOT** be driven by any person who:

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Is not Insured by this Policy 2. Is not permitted to drive by this policy 3. Is not permitted to drive by any Licensing Authority | <ol style="list-style-type: none"> 4. Has had their license revoked or cancelled by any Licensing Authority |
|--|--|

I/We also Agree to:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Accept a Policy of Insurance according this proposal and subject to the terms, exceptions and conditions usually prescribed by the Company for this Class of Risk. | <ol style="list-style-type: none"> 2. To pay the premium due for this Insurance to the Company/Broker/Agent of the Company 3. To keep the vehicle in good condition (road worthy?) |
|---|--|

Policy to commence on the _____ day of _____ 20 ____ for _____ month(s)

Proposer's Signature:

(IF PROPOSER IS UNABLE TO SIGN HIS NAME)

This is the Mark of he/she being unable to read or write. The above was read over to him/her and he/she signed same as true and correct

SIGNATURE OF WITNESS